

Fill in this information to identify the case:

Debtor name HBL SNF, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 29, 2021

X /s/ Lizer Jozefovic

Signature of individual signing on behalf of debtor

Lizer Jozefovic

Printed name

Chief Executive Officer

Position or relationship to debtor

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United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**
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Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
SKYVIEW NURSING HOME 1280 Albany Post Road Croton on Hudson, NY 10520		intercompany loan from affiliated entity				\$10,792,863.88
WATERVIEW ACQUISITION I, LLC 1280 Albany Post Road Croton on Hudson, NY 10520		intercompany loan from affiliated entity				\$2,533,776.69
Westchester County Health Care Corp. c/o Garfunkel Wild, P.C. 111 Great Neck Rd, Suite 600 Great Neck, NY 11021			Contingent Unliquidated Disputed			\$1,596,263.74
DUE TO OTHERS NEED INFORMATION						\$1,100,000.00
Lizer Jozefovic 120 Church Street White Plains, NY 10601		unsecured loan from insider				\$1,050,000.00
Park Manor Acquisition II, LLC 1280 Albany Post Road Croton on Hudson, NY 10520		intercompany loan from affiliated entity				\$1,007,526.00

Debtor **HBL SNF, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MICHELMAN & ROBINSON, LLP 10880 WILSHIRE BLVD 19TH.FL LOS ANGELES, CA 90024						\$403,018.29
MARK NEUMAN 120 Church Street White Plains, NY 10601		unsecured loan from insider				\$385,000.00
LIZER JOZEFOVIC 120 Church Street White Plains, NY 10601		unsecured loan from insider				\$385,000.00
PHARMScript,LLC 150 PIERCE STREET SOMERST, NJ 08873						\$253,704.44
Epic Senior, LLC 1278 Albany Post Road Croton on Hudson, NY 10520		intercompany loan from affiliated entity				\$177,963.20
PUTNAM OPERATION ACQUISITION 1280 Albany Post Road Croton on Hudson, NY 10520		intercompany loan from affiliated entity				\$168,407.05
LANGUAGE FUNDAMENTALS 1032 MAIN STREET FISHKILL, NY 12524						\$103,620.23
CENTRAL CARE SOLUTIONS 1420 E. LINDEN AVENUE LINDEN, NJ 07036						\$100,381.69
GERIMEDIX, INC. PO BOX 21117 NEW YORK, NY 10087-1117						\$90,162.98
EMPRO STAFFING P.O. BOX 190331 BROOKLYN, NY 11219						\$75,332.82
MEMIC INDEMNITY COMPANY PO BOX 9500 LEWISTON, NE 04243-9500						\$72,191.40

Debtor **HBL SNF, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MEDLINE INDUSTRIES, INC. BOX 382075 PITTSBURGH, PA 15251-8075						\$68,953.39
SECURE 360 INC. 1294 EAST 19TH. STREET 2ND. FLOOR BROOKLYN, NY 11230						\$57,342.45
HEALTH FACILITY ASSESSMENT FUND 333 BUTTERNUT DRIVE STRACUSE, NY						\$46,397.00

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United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 9,485,532.08
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 9,485,532.08

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 248,049.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 21,008,241.32
4. Total liabilities Lines 2 + 3a + 3b	\$ 21,256,290.32

Fill in this information to identify the case:

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Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)
Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1.	Metropolitan Commerical Bank - Operating Account	Checking (accounts payable)	1389	\$614,384.60
3.2.	Metropolitan Commercial Bank - Government Account	Medicare and Medicaid Deposit Account	1397	\$0.00
3.3.	JP Morgan Chase Bank - Payroll Account	Payroll account	1769	\$14,074.08
3.4.	JP Morgan Chase Bank - Savings Account	Savings Account	7272	\$10,144.89
3.5.	JP Morgan Chase Bank - Residents Funds Savings Account	Residents Funds Savings Account	9639	\$50,282.55
3.6.	JP Morgan Chase Bank - Petty Cash	Petty Cash use for Operating Petty Cash	2635	\$38.68
3.7.	JP Morgan Chase Bank - Resident Funds Checking Account	Resident Funds Checking Account	2908	\$3,781.04

Debtor HBL SNF, LLC Case number (if known) _____
Name

3.8.	JP Morgan Chase Bank - Resident Security Account	Resident Security Account for Private Pay Patients	5537	\$0.07
3.9.	Regions Bank - Operating Account	Operating Account	5238	\$37,037.17
3.10	Regions Bank	Non-government Receivables	5246	\$0.00
3.11	Regions Bank	Government Receivables	5254	\$0.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$729,743.08

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Security deposits** **\$3,707.00**

7.2. **Partial security deposit delivered to White Plains Healthcare Properties I, LLC but not credited** **Unknown**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **Prepaid expenses** **\$1,139,551.00**

8.2. **Partial prepayment of rent delivered to White Plains Healthcare Properties I, LLC but not credited** **Unknown**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$1,143,258.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Debtor HBL SNF, LLC Case number (If known) _____
Name

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 3,852,749.00 - 136,377.00 = \$3,716,372.00
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 1,345,246.00 - 0.00 = \$1,345,246.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,061,618.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Inventory		<u>\$0.00</u>		<u>\$30,041.00</u>

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$30,041.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

Debtor **HBL SNF, LLC** Case number (If known) _____
Name

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Property and equipment at cost (Major moveable equipment - \$2,325,410; leasehold improvements - \$591,316; computers - \$66,354), less accumulated depreciation (\$462,808)	\$0.00		\$2,520,872.00
	Furniture, fixtures and equipment, value \$1,500,000 title to which is disputed	Unknown		Unknown

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87.
- | |
|-----------------------|
| \$2,520,872.00 |
|-----------------------|
52. **Is a depreciation schedule available for any of the property listed in Part 8?**
☒ No
☐ Yes
53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Debtor **HBL SNF, LLC** Case number (If known) _____
Name

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties New York State Department of Health Operating Certificate	\$0.00		\$0.00
New York State Department of Health Controlled Substance License	\$0.00		\$0.00
New York State Department of Health Limited Service Laboratory Registration	\$0.00		\$0.00

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor HBL SNF, LLC Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$729,743.08</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,143,258.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$5,061,618.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$30,041.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$2,520,872.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$9,485,532.08</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$9,485,532.08</u>

Fill in this information to identify the case:

Debtor name HBL SNF, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ascentium Capital LLC <small>Creditor's Name</small> 23970 Highway 59 North Kingwood, TX 77339 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 1976 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Security Systems Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$145,216.00	Unknown

2.2	Ascentium Capital LLC <small>Creditor's Name</small> 23970 Highway 59 N Kingwood, TX 77339 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 2101 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Roller Shades Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$16,829.00	Unknown
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Debtor **HBL SNF, LLC** Case number (if known)

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent
☐ Unliquidated
☐ Disputed

2.3	Ascentium Capital LLC Creditor's Name 23970 Highway 59 N Kingwood, TX 77339 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 7959 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Dishwashing Machine & Glass Partitions Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$86,004.00	Unknown
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2.4	Security Benefit Corporation Creditor's Name 1 S.W. Security Benefit PL Topeka, KS 66636 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$248,049.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **HBL SNF, LLC** Case number (if known) _____
Name

Name and address

**On which line in Part 1 did
you enter the related creditor?**

**Last 4 digits of
account number for
this entity**

**James C. Wine, Esq.
Nyemster Goode P.C.
700 Walnut, Suite 1600
Des Moines, IA 50309-3899**

Line **2.4**

**Neal Kronley, Esq.
DLA Piper US LLP
1251 Avenue of the Americas
New York, NY 10020-1104**

Line **2.4**

Fill in this information to identify the case:

Debtor name **HBL SNF, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Centers for Medicare and Medicaid Servic Division of Accounting Operations P.O. Box 7520 Baltimore, MD 21244</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>CITY OF WHITE PLAINS-TAX BILL 255 MAIN STREET ROOM #102 WHITE PLAINS, NY 10601</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor	HBL SNF, LLC Name	Case number (if known)
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2.3	Priority creditor's name and mailing address County of Westchester 148 Martine Avenue White Plains, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address Internal Revenue Service Bankruptcy Section P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.5	Priority creditor's name and mailing address New York State Department of Health Corning Tower Empire State Plaza Albany, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.6	Priority creditor's name and mailing address New York State Department of Taxation Bankruptcy Section P.O. Box 5300 Albany, NY 12205	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	HBL SNF, LLC Name	Case number (if known)
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3.1	Nonpriority creditor's name and mailing address 400 EAST MAIN STREET 400 EAST MAIN STREET MOUNT KISCO, NY 10549-3417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.2	Nonpriority creditor's name and mailing address ACCU REFERENCE MEDICAL LABS 1901 EAST LINDEN AVENUE SUITE 4 LINDEN, NJ 07036-1195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,200.00
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3.3	Nonpriority creditor's name and mailing address ACUTE CARE GASES 23 NUTMEG VALLEY ROAD WOLCOTT, CT 06716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,678.78
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3.4	Nonpriority creditor's name and mailing address ACUTIS DIAGNOSTICS LABORATORY 400 KARIN LANE HICKSVILLE, NY 11801-5352 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,985.00
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3.5	Nonpriority creditor's name and mailing address AETNA 131 SOUTH DEARBORN-6TH.FLOOR CHICAGO, IL 60603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.6	Nonpriority creditor's name and mailing address AETNA LIFE INSURANCE COMPANY P.O. BOX 536919 ATLANTA, GA 30353-6919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.05
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3.7	Nonpriority creditor's name and mailing address AFLAC 22 CORPORATE WOODS BLVD. ALBANY, NY 12211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name	Case number (if known)	
3.8	Nonpriority creditor's name and mailing address ALBORO NATIONAL 3602 EAST TREMONT AVENUE SUITE 203 BRONX, NY 10465 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,546.07
3.9	Nonpriority creditor's name and mailing address ALISA HECHT 50 COLUMBUS AVENUE TUCKHAO, NY 10707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address ALL BRIGHT ELECTRIC 100 SNAKE HILL ROAD WEST NYACK, NY 10994 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address ALL SAFE FIRE PROTECTION & MECHANIC 375 EXECUTIVE BLVD ELMSFORD, NY 10523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
3.12	Nonpriority creditor's name and mailing address ALL STATE PEST MANAGEMENT 4730 ROUTE 9 SUITE 200 HOWELL, NJ 07731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,251.27
3.13	Nonpriority creditor's name and mailing address ALLSCRIPTS HEALTHCARE, LLC 24630 NETWORK PLACE CHICAGO, IL 60673-1246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address ALLSTATE MEDICAL 34 35TH. STREET BROOKLYN, NY 11232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,799.56

Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.15	Nonpriority creditor's name and mailing address AMERICAN MINUTEMEN SEWER & DRAIN SE PO BOX 2005 NEW CITY, NY 10956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.16	Nonpriority creditor's name and mailing address ANGELA RODRIGUES 254 MARTINE AVE APT 6D WHITE PLAINS, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.17	Nonpriority creditor's name and mailing address ANTHONY J. SALVATE M.D. Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.18	Nonpriority creditor's name and mailing address ANYITSI REYNOLDS 279 NORTH BROADWAY APT 6E YONKERS, NY 10701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.19	Nonpriority creditor's name and mailing address APEX LABORATORY, INC. 110 CENTRAL AVE. FARMINDALE, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.51
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3.20	Nonpriority creditor's name and mailing address APPROVED STORAGE & WASTE HAULING, I 110 EDISON AVENUE MOUNT VERNON, NY 10550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.72
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3.21	Nonpriority creditor's name and mailing address ASCENTIUM CAPITAL LLC 23970 HWY 59 N INGWOOD, TX 77339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.22	Nonpriority creditor's name and mailing address ASSURED PARTNERS 300 COLONIAL CENTER PKWY SUITE 270 LAKE MARY, FL 32746 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address ATLANTIC A PROGRAM OF DE LAGE P.O. BOX 41602 PHILADELPHIA, PA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address ATLANTIC TOMORROWS OFFICE P.O. BOX 5149 WHITE PLAINS, NY 10602-5149 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,316.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address AUDIO NY 1240 BEACH 9TH STREET FAR ROCKAWAY, NY 11691 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address B&B AMBULETTE 1663 Route 22 Brewster, NY 10509 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$330.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address BALBOA CAPITAL CORPORATION P.O. BOX 844803 LOS ANGELES, CA 90084-4803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address BLESSED HANDS LLC 129 VERNON AVENUE MOUNT VERNON, NY 10553 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name	Case number (if known)
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3.29	Nonpriority creditor's name and mailing address BRENNA C. DIAMOND 313 LARCHMONT ACRES APT B LARCHMONT, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.30	Nonpriority creditor's name and mailing address BYEG3, LLC 559 TABOR ROAD MORRIS PLAINS, NJ 07950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.31	Nonpriority creditor's name and mailing address CAROL OLIVIERI WILTSHIRE PLACE BRONXVILLE, NY 10708-1112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.32	Nonpriority creditor's name and mailing address CARSTENS 141 W Jackson Blvd/Suite 1000 CHICAGO, OIL 60694-0000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.33	Nonpriority creditor's name and mailing address CCI HEALTHCARE SYSTEMS GROUP CORP. 218 39TH STREET 2ND FLOOR BROOKLYN, NY 11232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.34	Nonpriority creditor's name and mailing address CENTRAL CARE SOLUTIONS 1420 E. LINDEN AVENUE LINDEN, NJ 07036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,381.69
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3.35	Nonpriority creditor's name and mailing address CERAMICS F & S 45 WASHINGTON STREET PORTCHESTER, NY 10573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.36	Nonpriority creditor's name and mailing address CERTIFIED SITE SAFETY OF NY LLC 99 LAFAYETTE AVENUE WHITE PLAINS, NY 00010-0603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address CHASE INK PO BOX 1423 CHARLOTE, NC 28201-1423 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address CITY OF WHITE PLAINS WHITE PLAINS BUILDING DEPT. 70 CHURCH STREET WHITE PLAINS, NY 10601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address CITY OF WHITE PLAINS PUBLIC SAFETY WHITE PLAINS DEPT.PUBLIC SAFE 77 SOUTH LEXINGTON AVE WHITE PLAINS, NY 10601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address CITY OF WHITE PLAINS WATER BILL 255 MAIN STREET WHITE PLAINS, NY 10601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address CLASSICO BLDG MAINTENANCE, INC. 2580 BOSTON ROAD BRONX, NY 10467 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address CLC TRANSPORTATION 135 RADIO CIRCLE DRIVE SUITE 109 MOUNT KISCO, NY 10549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.43	Nonpriority creditor's name and mailing address COLUMBIADOCTORS PO BOX 28761 NEW YORK, NY 10087-8761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.55
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3.44	Nonpriority creditor's name and mailing address COMMISSIONER OF TAXATION & FINANCE NYS ASSESSMENT RECEIVABLES PO BOX 4127 BINGHAMTON, NY 13002-4127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.45	Nonpriority creditor's name and mailing address CON EDISON JAF STATION P.O. BOX 1702 NEW YORK, NY 10116-1702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,343.62
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3.46	Nonpriority creditor's name and mailing address CONDRA AND ASSOCIATES CONSULTING & PROFESSIONAL SERV 6543 CORBITT AVENUE SAINT LOUIS, MO 63130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.47	Nonpriority creditor's name and mailing address COZZINI BROTHERS, INC. 350 HOWARD AVENUE DES PLAINES, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.06
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3.48	Nonpriority creditor's name and mailing address CREATIVE FORCASTING, INC. P.O. BOX 7789 COLORADO SPRINGS, CO 80933-7789 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.49	Nonpriority creditor's name and mailing address CROWN CARE SERVICES INC. PO BOX 86 LAKEWOOD, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.50	Nonpriority creditor's name and mailing address CSC P.O. BOX 13397 PHILADELPHIA, PA 19101-3397 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address CULINARY DEPOT 67 ROUTE 59 SPRING VALLEY, NY 10977 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$901.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address CURASPAN HEALTH GROUP INC. P.O. BOX 744204 ATLANTA, GA 30374-4204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address CURRENT TECHNOLOGIES ELECTRONICS 1383 W. Veterans Hwy JACKSON, NJ 08527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address CWT DECOR LLC 475 SOUTH OBERLIN AVENUE SUITE 2 LAKEWOOD, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address DAILY NEWS PO BOX 9001093 LOUISVILLE, KY 40290-1093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$259.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address DATAPATH CARD SERVICES. INC. P.O. BOX 55028 LITTLE ROCK, AR 72215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.57	Nonpriority creditor's name and mailing address DAVID ZUIDEMA INC. SEPTIC 90 MIDLAND AVENUE MIDLAND PARK, NJ WHITE GLOVE PLACEMEN Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address DBA ORTHOPEDICS PO BOX 16244 BELFAST, ME 04915-4057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL SERVICES, PO BOX 41602 PHILADELPHIA, PA 19101-1602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address DELUXE P.O. BOX 4656 CAROL STREAM, IL 60197-4656 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address DENTSERV DENTAL SERVICES PC 15 CANAL ROAD PELHAM MANOR, NY 10803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address DEUCES WILD ENTERTAINMENT 418 Franklin St. Port Chester, NY 10573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address DIGITAL DIAGNOSTICS, INC. PO BOX 1173 WALL, NJ 07719 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.64	Nonpriority creditor's name and mailing address DIMAPILIS DAUZ BUSINESS GROUP, LLC 369 ASHFORD AVENUE SUITE E DOBS FERRY, NY 10522 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address DIRECT SUPPLY, INC BOX 88201 MILWAUKEE, WI 53288-0201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address DLB BACKFLOW 141 WILLETT AVENUE PORT CHESTER, NY 10573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address DR. KENNETH BRAUNSTEIN 20 SOUTH BROADWAY YONKERS, NY 10701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	Nonpriority creditor's name and mailing address DRB BENEFIT GROUP PO BOX 545 GOTHA, FL 34734 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$255.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address DUE TO OTHERS NEED INFORMATION Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address DURKIN WATER CO. LP 120 FIELDS LANE BREWSTER, NY 10509 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.71	Nonpriority creditor's name and mailing address DYNALINK COMMUNICATIONS PO BOX 3415 CHURCH STREET STATION NEW YORK, NY 10008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address EMPRO STAFFING P.O. BOX 190331 BROOKLYN, NY 11219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75,332.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address Epic Management, LLC 1278 Albany Post Road Croton on Hudson, NY 10520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,189.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>intercompany loan from affiliated entity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Epic Senior, LLC 1278 Albany Post Road Croton on Hudson, NY 10520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$177,963.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>intercompany loan from affiliated entity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address ERIC LIPPER 622 MACOPIN ROAD WEST MILFORD, NJ 07480 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address ETHAN ALLEN STAFFING 59 ACADEMY STREET POUGHKEEPSIE, NY 12601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address EZPRODUCTS INTERNATIONAL INC. 612 N. FLORIDA AVENUE WAUCHULA, FL 33873 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.78	Nonpriority creditor's name and mailing address FALCO LAWN SPRINKLERS INC. P.O. BOX 631 WHITE PLAINS, NY 10603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address FANNIE PAESE 50 LAWRENCE DRIVE WHITE PLAINS, NY 10603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address FELICIA RICKETS 1 FORDHAN HILL OVAL 17E BRONX, NY 10468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address FIRST INSURANCE FUNDING FIRST INSURANCE FUNDING CAROL STREAM, IL 60197-7000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address FLAMBOKO RECORDS PO BOX 2124 DABURRI, CT 06813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address FOLLETT LLC PO BOX 782806 PHILADELPHIA, PA 19178-2806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address FORGET ME NOT CUPCAKES 26 MILTON TURNPIKE MILTON, NY 12547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.85	Nonpriority creditor's name and mailing address FOUNDATION FOR QUALITY CARE 33 ELK STREET SUITE 300 ALBANY, NY 12207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.86	Nonpriority creditor's name and mailing address FRANK NASK SEPTIC TANK SERVICE INC PO BOX 366 MAMARONECK, NY 10543 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.87	Nonpriority creditor's name and mailing address FRESH SCENTS INC 663 E CRESCENT AVENUE SUITE 1200 RAMSEY, NJ 07446 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.87
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3.88	Nonpriority creditor's name and mailing address GALLERIA MALL DENTAL, P.C. 100 Main St., #201 White Plains, NY 10601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.89	Nonpriority creditor's name and mailing address GARY MONROE 47 DAVIS AVENUE APT 1E WHITE PLAINS, NY 10605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.90	Nonpriority creditor's name and mailing address GEM MEDICAL DISTRIBUTORS 13 GEM DRIVE LAKEWOOD, NJ 08701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.91	Nonpriority creditor's name and mailing address GERERD CORBETT Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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Debtor	HBL SNF, LLC Name	Case number (if known)
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3.92	Nonpriority creditor's name and mailing address GERIMEDIX, INC. PO BOX 21117 NEW YORK, NY 10087-1117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,162.98
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3.93	Nonpriority creditor's name and mailing address GOODHIRE 555 TWIN DOLPHIN DRIVE SUITE 630 REDWOOD CITY, CA 94065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.04
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3.94	Nonpriority creditor's name and mailing address GOODNEWS PERSONNEL PO BOX 445 TUXEDO PARK, NY 10987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,341.25
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3.95	Nonpriority creditor's name and mailing address GRAINGER DEPT. 887354199 PALATINE, IL 60038-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$807.25
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3.96	Nonpriority creditor's name and mailing address GRANITE ENERGY, INC. 1721 SYMPHONY LANE TOMS RIVER, NJ 08755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.97	Nonpriority creditor's name and mailing address GREATAMERICA FINANCIAL SERVICES P.O. BOX 660831 DALLAS, TX 75266-0831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.98	Nonpriority creditor's name and mailing address GUARDIAN BOX 824404 PHILADELPHIA, PA 19182-4404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.99	Nonpriority creditor's name and mailing address H&R HEALTHCARE 1750 OAK STREET LAKEWOOD, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,485.78
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3.100	Nonpriority creditor's name and mailing address H.T. LYONS, INC. 3 REXFORD WAY HALFMOON, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,749.92
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3.101	Nonpriority creditor's name and mailing address HARTER SECREST & EMERY LLP 1600 PAUSCH & LOMB PLACE ROCHESTER, NY ##### Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.102	Nonpriority creditor's name and mailing address HD SUPPLY FACILITIES MAINTENANCE LT P.O. BOX 509058 SAN DIEGO, CA 92150-9058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.07
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3.103	Nonpriority creditor's name and mailing address HEALTH FACILITY ASSESSMENT FUND 333 BUTTERNUT DRIVE STRACUSE, NY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,397.00
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3.104	Nonpriority creditor's name and mailing address HearUSA 186 EAST POST ROAD WHITE PLAINS, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105	Nonpriority creditor's name and mailing address HK LAUNDRY EQUIPMENT INC. 530 MAIN STREET ARMONK, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.106	Nonpriority creditor's name and mailing address HMM,CPAs LLP 527 TOWNLINE ROAD SUITE 203 HAUPPAUGE, NY 11788 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	Nonpriority creditor's name and mailing address HOFMAN'S GLASS & STOREFRONT 8125 FOSTER AVENUE BROOKLYN, NY 11236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	Nonpriority creditor's name and mailing address HUDSON MEDICAL ASSOCIATES, P.C 44 PONDFIELDROAD SUITE 6 BRONXVILLE, NY 10708 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address HUDSON VALLEY DOOR & HARDWARE 35 VAN WYCK LANE WAPPINGERS FALLS, NY 12590 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110	Nonpriority creditor's name and mailing address HUNTINGTON POWER EQUIPMENT, INC P.O. BOX 2040 SHELTON, CT 06484 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,054.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	Nonpriority creditor's name and mailing address ICON INTERIOR 1008 39TH STREET BROOKLYN, NY 11219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	Nonpriority creditor's name and mailing address ID CARD CONSULTANTS-WANDALAM P.O. BOX 97 LIMA, NY 14485 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.113	Nonpriority creditor's name and mailing address INDENTOGO 555 7th Ave. New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114	Nonpriority creditor's name and mailing address INNOVATIVE WATER CONSULTING 704 S. STATE ROAD 135 STE D348 GREENWOOD, IN 46143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
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3.115	Nonpriority creditor's name and mailing address INTAC ACTUARIAL SERVICE INC. 50 TICE BLVD SUITE 151 WOODCLIFF LAKE, NJ 07677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116	Nonpriority creditor's name and mailing address INTEGRA SCRIPTS, LLC 160 AIRPORT ROAD LAKEWOOD, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,468.29
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3.117	Nonpriority creditor's name and mailing address INTERSTATE FIRE & SAFTY EQUIP. PO Box 502 HARRISON, NY 10528 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,912.04
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3.118	Nonpriority creditor's name and mailing address IRVING SINGER 136 ROSE HILL AVENUE NEW ROCHELLE, NY 10804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119	Nonpriority creditor's name and mailing address IV NATIONAL 61 ROCK SPRING ROAD UNIT 34 STAMFORD, CT 06906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,387.50
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.120	Nonpriority creditor's name and mailing address JACKSON LEWIS P.C. P.O. BOX 416019 BOSTON, MA 02241-6019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.15
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3.121	Nonpriority creditor's name and mailing address JEAN CATES 120 CHURCH STREET WHITE PLAINS, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122	Nonpriority creditor's name and mailing address JIMMY'S SOFT SERVE 81 SHELDON AVE TARRYTOEN, NY 10591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.123	Nonpriority creditor's name and mailing address JOANNE GADDI 88 ALPINE ROAD YONKERS, NY 10710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.124	Nonpriority creditor's name and mailing address JOHN VILASI 6 VILLAGE GREEN PORT CHESTER, NY 10573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125	Nonpriority creditor's name and mailing address JOHNNY DARE MUSIC LTD PO BOX 111 PIERMONT, NY 10968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126	Nonpriority creditor's name and mailing address JOHNSON CONTROLS FIRE PROTECTION LP DEPT. CH 10320 PALATINE, IL 60055-0320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.127	Nonpriority creditor's name and mailing address JUAN MANUEL ORTEGA 22-45 42ND STREET 2NS FLOOR ASTORIA, NY 11105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address JVK OPERATIONS LTD 130 NEW HIGHWAY N.AMITYVILLE, NY 11701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129	Nonpriority creditor's name and mailing address K PILLAY CORP. 75 GREENVALE CIRCLE WHITE PLAINS, NY 10607-1601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$412.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address K&A HOUSE OF BOUNCE, INC. 15 DOLPHIN ROAD NEW CITY, NY 10956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131	Nonpriority creditor's name and mailing address KEYMAN LOCKSMITH 152 WESTCHESTER AVENUE PORT CHESTER, NY 10573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$406.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	Nonpriority creditor's name and mailing address LABEL TAPE SYSTEM 5563 MARQUESAS CIRCLE SARASOTA, FL 34233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$291.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	Nonpriority creditor's name and mailing address LANGUAGE FUNDAMENTALS 1032 MAIN STREET FISHKILL, NY 12524 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$103,620.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.134	Nonpriority creditor's name and mailing address LAZ PARKING NEW YORK NEW JERSEY, LL PO BOX 788125 PHILADELPHIA, PA 19178-8125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135	Nonpriority creditor's name and mailing address LE LANDSCAPING SERVICES 253 S. LEXINGTON AVE 6C WHITE PLAINS, NY 10606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136	Nonpriority creditor's name and mailing address LIZER JOZEFOVIC 120 Church Street White Plains, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unsecured loan from insider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385,000.00
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3.137	Nonpriority creditor's name and mailing address Lizer Jozefovic 120 Church Street White Plains, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unsecured loan from insider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050,000.00
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3.138	Nonpriority creditor's name and mailing address LONG TERM SOLUTIONS INC. P.O. BOX 455 WAPPINGERS FALLS, NY 12590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,667.50
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3.139	Nonpriority creditor's name and mailing address LOU PATRICK ENTERTEINMENT PO BOX 326 SOUTH SALEM, NY 10590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00
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3.140	Nonpriority creditor's name and mailing address LTC CONSULTING SERVICES 100 BLVD OF THE AMERICAS LAKEWOOD, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name	Case number (if known) _____
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3.141	Nonpriority creditor's name and mailing address LYNN BADIN 56 PALMER AVENUE SCARSDALE, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address MAJESTIC AWNING & SIGN 25 TRUMAN DRIVE SOUTH EDISON, NJ 08817 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address MARILYN BERGLAS 20 OLD MAMARONECK ROAD APT.6J WHITE PLAINS, NY 10605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address MARK NEUMAN 120 Church Street White Plains, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$385,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unsecured loan from insider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	Nonpriority creditor's name and mailing address MASSIVE DBA BLACK SEA TRANSPORTATIO EAST 3RD. STREET MOUNT VERNON, NY 10553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$990.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146	Nonpriority creditor's name and mailing address MATRIXCARE INC. 10900 HAMPSHIRE AVENUE SOUTH BLOOMINGTON, MN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	Nonpriority creditor's name and mailing address MATURE SOLUTIONS, INC. 3436 ST. JOHNS PLACE CINCINNATI, OH 45208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,243.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.148	Nonpriority creditor's name and mailing address MBS LTD 409 HOYT STREET BROOKLYN, NY 11231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$677.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.149	Nonpriority creditor's name and mailing address MDLIVE P.O. BOX 65689 TUCSON, AZ 85728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150	Nonpriority creditor's name and mailing address MED-NET COMPLIANCE, LLC 196 PRINCETON-HIGHTSTOWN ROAD BLDG. 1A, SUITE 1A WEST WINDSOR, NJ 08550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$583.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address MED-PART 3052 BRIGHTON 1ST. STREET 502 BROOKLYN, NY 11235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.152	Nonpriority creditor's name and mailing address MEDFIRST STAFFING SERVICES, INC. 15 CUNNINGHAM DRIVE WESTORANGE, NJ 07052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address MEDICANIX 55 FIELDS LANE SUITE C NORTH SALEM, NY 10560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC. BOX 382075 PITTSBURGH, PA 15251-8075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$68,953.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.155	Nonpriority creditor's name and mailing address MEMIC INDEMNITY COMPANY PO BOX 9500 LEWISTON, NE 04243-9500 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,191.40
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3.156	Nonpriority creditor's name and mailing address MEMORIAL HOSPITAL FOR CANCER PO BOX 27998 NEW YORK, NY 10087-7998 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.58
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3.157	Nonpriority creditor's name and mailing address METLIFE GROUP BENEFITS PO BOX 804466 KANSAS CITY, MO 64180-4466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.158	Nonpriority creditor's name and mailing address METROCOM WIRELESS INC. 31 PLAINFIELD AVENUE BEDFORD HILLS, NY 10507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.159	Nonpriority creditor's name and mailing address MICHELLE COHEN 86 CEDAR LANE OSSINING, NY 10562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412.50
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3.160	Nonpriority creditor's name and mailing address MICHELMAN & ROBINSON, LLP 10880 WILSHIRE BLVD 19TH.FL LOS ANGELES, CA 90024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403,018.29
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3.161	Nonpriority creditor's name and mailing address MIELE WOODWORKING CORP. 66 STERLING AVENUE YONKERS, NY 10704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.162	Nonpriority creditor's name and mailing address MORTELLI CONTRACTORS INC. 12 WEST MAIN STREET ELMSFORD, NY 10523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.163	Nonpriority creditor's name and mailing address MSC 410836 PO BOX 415000 NASHVILLE, TN 37241-0836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.164	Nonpriority creditor's name and mailing address NATIONAL CARE SYSTEMS,LLC 14C 53RD. STREET BROOKLYN, NY 11232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,625.63
3.165	Nonpriority creditor's name and mailing address NEEYA DISTRIBUTORS, INC. 3 BRIARCLIFF DRIVE MONSEY, NY 10952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,276.18
3.166	Nonpriority creditor's name and mailing address NET HEALTH SYSTEMS, INC PO BOX 72046 CLEVELAND, OH 44192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$416.97
3.167	Nonpriority creditor's name and mailing address NEXUS HEALTH RESOURCES, INC. 130 DOLSON AVENUE SUITE 203 MIDDLETOWN, NY 10904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.60
3.168	Nonpriority creditor's name and mailing address NOJO PROMO 528 REYNOLDS AVENUE TOMS RIVER, NJ 08755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.169	Nonpriority creditor's name and mailing address NORTH SHORE HEM ONC 1500 ROUTE 112 BUILDING# 4 PORT JEFFERSON, NY 11776-8054 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.170	Nonpriority creditor's name and mailing address NORTH SHORE LIJ MEDICAL PO BOX 71428 PHILADELPHIA, PA 19176-1428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.171	Nonpriority creditor's name and mailing address NORTHWELL HEALTH LABS P.O. BOX 417855 BOSTON, MA 02241-7855 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,447.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172	Nonpriority creditor's name and mailing address NOVA HEALTHCARE SOLUTIONS INC. 3222 AVENUE K BROOKLYN, NY 11210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.173	Nonpriority creditor's name and mailing address NUTRASOURCE RD LLC 5691 BROOKFIELD CIRCLE WEST FORT LAUDERDALE, FL 33312-6283 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	Nonpriority creditor's name and mailing address NYNA COMMISSIONER OF HEALTH 7941 CORPORATE DRIVE NOTTINGHAM, MD 21236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$160.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	Nonpriority creditor's name and mailing address NYSHFA 33 ELK STREET SUITE 300 ALBANY, NY 12207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name	Case number (if known)
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3.176	Nonpriority creditor's name and mailing address O'NEILLS CONCESSIONS 2071 BALDWIN ROAD YORKTOWN HEIGHTS, NY 10598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177	Nonpriority creditor's name and mailing address OPEN SYSTEMS METRO 258 ROUTE 117 BY-PASS-ROAD BEDFORD HILLS, NY 10507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268.77
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3.178	Nonpriority creditor's name and mailing address OPRANDY'S FIRE & SAFETY, INC. 49 BROOKLINE AVENUE MIDDLETOWN, NY 10940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.179	Nonpriority creditor's name and mailing address OPTIMUM PO BOX 70340 PHILADELPHIA, PA 19176-0340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,065.13
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3.180	Nonpriority creditor's name and mailing address P&NP COMPUTER SERVICES, INC. 992 WEST AVENUE BROCKPORT, NY 14420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.181	Nonpriority creditor's name and mailing address Park Manor Acquisition II, LLC 1280 Albany Post Road Croton on Hudson, NY 10520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>intercompany loan from affiliated entity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,007,526.00
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3.182	Nonpriority creditor's name and mailing address PAY-O-MATIC CORPORATION 166-30 JAMAICA AVENUE 2ND. FLOOR JAMAICA, NY 11432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name	Case number (if known)
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3.183	Nonpriority creditor's name and mailing address PHARMSRIPT,LLC 150 PIERCE STREET SOMERST, NJ 08873 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253,704.44
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3.184	Nonpriority creditor's name and mailing address PINNACLE HEALTH CONSULTANTS,LLC 1890 PALMER AVENUE SUITE 204 LARCHMONT, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,442.50
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3.185	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL SERV P.O. BOX 371887 PITTSBURGH, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186	Nonpriority creditor's name and mailing address PREMIER AMBULETTE TRANSPORT INC. 271 NORTH AVENUE SUITE 1200 NEW ROCHELLE, NY 10801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.187	Nonpriority creditor's name and mailing address PREVENTIVE DIAGNOSTICS, INC. 12 SPENCER STREET BROOKLYN, NY 11205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,080.27
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3.188	Nonpriority creditor's name and mailing address PURCHASE POWER PO Box 371874 PITTSBURGH, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.46
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3.189	Nonpriority creditor's name and mailing address PUTNAM OPERATION ACQUISITION 1280 Albany Post Road Croton on Hudson, NY 10520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>intercompany loan from affiliated entity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168,407.05
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Debtor	HBL SNF, LLC <small>Name</small>	Case number (if known) _____
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3.190	Nonpriority creditor's name and mailing address RABBI TAMAR CRYSTAL 65 WEST 90TH STREET 15C NEW YORK, NY 10024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.191	Nonpriority creditor's name and mailing address RAPID AIR REFRIGERATION 645 SAW MILL RIVER ROAD AEDSLEY, NY 10502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.192	Nonpriority creditor's name and mailing address RELIAS LLC PO BOX 74008620 CHICAGO, IL 60674-8620 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,799.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	Nonpriority creditor's name and mailing address REMED SERVICES 3424 OAKTON STREET SUITE 102 SKOKIE, IL 60076 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,225.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.194	Nonpriority creditor's name and mailing address RETINA CONSULTATIONS 915 PALMER ROAD BRONXVILLE, NY 10708-3304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.195	Nonpriority creditor's name and mailing address RICHARD GREENOP Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.196	Nonpriority creditor's name and mailing address RIDGEFIELD ASSOCIATES P.O. BOX 3427 NEWTOWN, CT 06470 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.197	Nonpriority creditor's name and mailing address S&S WORLDWIDE, INC. P.O. BOX 845825 BOSTON, MA 02284-5825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.198	Nonpriority creditor's name and mailing address SANDRA A. HERMAN 43 DINGLEY ROAD CARMEL, NY 10512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.199	Nonpriority creditor's name and mailing address SBV WORKFORCE MANAGEMENT 2 KILE COURT MONSEY, NY 10952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$3,098.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.200	Nonpriority creditor's name and mailing address SCHINDLER ELEVATOR CORPORATION PO BOX 93050 CHICAGO, IL 60673-3050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$6,602.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.201	Nonpriority creditor's name and mailing address SECURE 360 INC. 1294 EAST 19TH. STREET 2ND. FLOOR BROOKLYN, NY 11230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$57,342.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.202	Nonpriority creditor's name and mailing address SG REHAB.,INC 340 BAKER AVENUE APT.5C WHITE PLAINS, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$467.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.203	Nonpriority creditor's name and mailing address SHELTERPOINT LIFE P.O. BOX 9340 GARDEN CITY, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$16,274.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.204	Nonpriority creditor's name and mailing address SKYVIEW NURSING HOME 1280 Albany Post Road Croton on Hudson, NY 10520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,792,863.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>intercompany loan from affiliated entity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.205	Nonpriority creditor's name and mailing address SMARTLINX SOLUTIONS LLC 111S. WOOD AVENUE STE.400 ISELIN, NJ 08830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.206	Nonpriority creditor's name and mailing address STREAMLINE VERIFY 100 BOULEVARD OF THE AMERICAS LAKEWOOD, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.207	Nonpriority creditor's name and mailing address SUBURBAN BOWERY/DBA TIGERCHEF 27 CHESTNUT STREET SUFFERN, NY 10901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,190.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.208	Nonpriority creditor's name and mailing address SUBURBAN CARTING CO. P.O. BOX 844532 BOSTON, MA 02284-4532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,927.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.209	Nonpriority creditor's name and mailing address SUE LARSEN 3 LAKEVIEW DRIVE NORTH WHITE PLAINS, NY 10603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.210	Nonpriority creditor's name and mailing address SULLIVAN COUNTY LABS 86 QUEEN MOUNTAIN ROAD FERNDAL, NY 12734 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$669.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.211	Nonpriority creditor's name and mailing address SUPPLYLINE MEDICAL 1750 CEDARBRIDGE AVENUE SUITE 4 LAKEWOOD, NJ 08701-6921 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.212	Nonpriority creditor's name and mailing address SUPREMACY SERVICES INC. 250-02 NORTHERN BLVD. LITTLE NECK, NY 11362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.30
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3.213	Nonpriority creditor's name and mailing address TG LANDSCAPE CONTRACTOR 490 ELLENDALE AVENUE RYE BROOK, NY 10573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.214	Nonpriority creditor's name and mailing address THE CITY OF WHITE PLAINS 255 MAIN STREET WHITE PLAINS, NY 10601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.215	Nonpriority creditor's name and mailing address THE NEW YORK TIMES PO BOX 371456 PITTSBURGH, PA 15250-7456 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.216	Nonpriority creditor's name and mailing address THE ROSE OF SHARON FLORIST 4057 ASBURY AVENUE SUITE 5 TINTON FALLS, NJ 07753 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.217	Nonpriority creditor's name and mailing address THOMAS V. MEADE 137 CRYSTAL STREET HARRISON, NY 10528-0663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.218	Nonpriority creditor's name and mailing address TOP STITCH 921 SUMMA DRIVE ELKHART, IN 46516 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.219	Nonpriority creditor's name and mailing address TRAVIS IRELAND 1050 S. ITHAN STREET PHILADELPHIA, PA 19143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.220	Nonpriority creditor's name and mailing address TYPODUCTIONS, INC. 18 CHARLOTTE DRIVE WESLEY HILLS, NY 10977 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$6,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.221	Nonpriority creditor's name and mailing address UPS PO BOX 809488 CHICAGO, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$26.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.222	Nonpriority creditor's name and mailing address VERIZON P.O. BOX 15124 ALBANY, NY 12210-5124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.223	Nonpriority creditor's name and mailing address WATERVIEW ACQUISITION I, LLC 1280 Albany Post Road Croton on Hudson, NY 10520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,533,776.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>intercompany loan from affiliated entity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.224	Nonpriority creditor's name and mailing address Westchester County Health Care Corp. c/o Garfunkel Wild, P.C. 111 Great Neck Rd, Suite 600 Great Neck, NY 11021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,596,263.74 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	HBL SNF, LLC Name _____	Case number (if known) _____
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3.225	Nonpriority creditor's name and mailing address WESTCHESTER MEDICAL CENTER PO BOX 5044 NEW BRITAIN, CT 06050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$193.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.226	Nonpriority creditor's name and mailing address WESTMED MEDICAL GROUP P.C. 800 WESTCHESTER AVE SUITE N715 RYE BROOK, NY 10573-1376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$437.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.227	Nonpriority creditor's name and mailing address WHITE GLOVE PLACEMENT, INC. 89 BARTLETT STREET BROOKLYN, NY 11206-4429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$38,697.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.228	Nonpriority creditor's name and mailing address WHITE PLAINS DEPT.PUBLIC SAFETY 77 SOUTH LEXINGTON AVENUE WHITE PLAINS, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.229	Nonpriority creditor's name and mailing address White Plains Healthcare Properties I LLC 2 Bourbon Street Suite 200 Peabody, MA 01960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.230	Nonpriority creditor's name and mailing address WHITE PLAINS HOSPITAL CENTER PO BOX 28990 NEW YORK, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,435.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.231	Nonpriority creditor's name and mailing address ZAFRIN, PC 214 E. 9TH. STREET NEW YORK, NY 10101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,293.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **HBL SNF, LLC**
Name

Case number (if known)

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Abrams Fensterman et al 81 Main Street Suite 306 White Plains, NY 10601	Line <u>3.229</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	City of White Plains Law Department 255 Main Street White Plains, NY 10601	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Delbello Donellen et al One North Lexington Avenue 11th Floor White Plains, NY 10601	Line <u>3.229</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	New York State Attorney General The Capitol Albany, NY 12224-0341	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	New York State Attorney General The Capitol Albany, NY 12224-0341	Line <u>2.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Office of the United States Attorney Southern District of New York One St. Andrews Plaza New York, NY 10007	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>21,008,241.32</u>
5c.	\$ <u>21,008,241.32</u>

Fill in this information to identify the case:

Debtor name HBL SNF, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**Amended and Restated
Operating Lease Dated
November 19, 2015
Monthly rent \$506,097
Approximately 28 years
remaining**

**White Plains Healthcare Properties I, LL
2 Bourbon Street
Suite 200
Peabody, MA 01960**

Fill in this information to identify the case:

Debtor name HBL SNF, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Epic Healthcare Management, LLC**

Ascentium Capital LLC

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 **Lizer Jozefovic**

White Plains Healthcare Properties I LLC

☐ D _____
☒ E/F 3.229
☐ G _____

2.3 **Mark Neuman**

White Plains Healthcare Properties I LLC

☐ D _____
☒ E/F 3.229
☐ G _____

2.4 **Waterview Acquisition I, LLC**

Ascentium Capital LLC

☒ D 2.1
☐ E/F _____
☐ G _____

2.5 **Westchester Healthcare Properties I, LLC**

Ascentium Capital LLC

☒ D 2.1
☐ E/F _____
☐ G _____

Debtor HBL SNF, LLC Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 **Lizer Jozefovic**

**White Plains
Healthcare Properties
I, LL**

☐ D _____
☐ E/F _____
☒ G 2.1

2.7 **Mark Neuman**

**White Plains
Healthcare Properties
I, LL**

☐ D _____
☐ E/F _____
☒ G 2.1

Fill in this information to identify the case:

Debtor name HBL SNF, LLC
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2021 to **Filing Date**

Sources of revenue
Check all that apply

☐ Operating a business
☒ Other Operations

Gross revenue
(before deductions and exclusions)

\$19,586,994.00

For prior year:
From 1/01/2020 to 12/31/2020

☐ Operating a business
☒ Other Operations

\$10,477,237.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

3.1. **See Attached Spreadsheet at Exhibit A**

\$0.00

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

Debtor **HBL SNF, LLC**

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Attached Spreadsheet at Exhibit B		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. White Plains Healthcare Properties I, LLC v. HBL SNF, LLC, Lizer Jozefovic a/k/a Lizer Jozefovic and Mark Neuman v. CCC Equities, LLC, Project Equity Consulting, The Congress Companies, Howard Fensterman and William Nicolson 60278/2020	Breach of Contract/counterclaims	Supreme Court of the State of New York County of Westchester	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Westchester County Health Care Corporation v. Westchester Health Care Properties I, LLC; HBL SNF, LLC, d/b/a The Rehabilitation and Care Institute at White Plains; and White Plains Health Care Properties I, LLC 65560/2019	specific performance/breach of contract	Supreme Court of the State of New York Westchester County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

Debtor **HBL SNF, LLC**

Case number (if known) _____

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Klestadt Winters Jureller et al. 200 West 41st Street 17th Floor New York, NY 10036		10/19/2021	\$35,000.00
	Email or website address			
	Who made the payment, if not debtor?			
11.2.	Klestadt Winters Jureller et al. 200 West 41 Street 17th Floor New York, NY 10036		10/28/2021	\$66,738.00
	Email or website address			
	Who made the payment, if not debtor?			

Debtor **HBL SNF, LLC**

Case number (if known)

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. EPIC REHABILITATION AND NURSING 120 Church Street White Plains, NY 10601	Nursing home	160 beds - average 118 patients in October 2021
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 120 Church Street, White Plains, NY 10601	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

Debtor **HBL SNF, LLC**

Case number (if known)

Bank account information
Social Security numbers
Medicare numbers
Medicaid numbers

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Epic Healthcare Management, LLC 401k Plan

Employer identification number of the plan

EIN: **27-4757579**

Has the plan been terminated?

☒ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **HBL SNF, LLC**

Case number (if known)

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Ownership in Dispute		Title to the furniture, fixture and equipment located in the Debtor's premises at 120 Church Street, White Plains, New York is currently in dispute.	\$0.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Debtor **HBL SNF, LLC**

Case number (if known)

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service

From-To

26a.1. **HMM, CPAs LLP**
527 Townline Road
Suite 203
Hauppauge, NY 11788

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service

From-To

26b.1. **HMM, CPAs LLP**
527 Towline Road
Suite 203
Hauppauge, NY 11788

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Lizer Jozefovic**

26c.2. **Mark Neuman**

26c.3. **Danielle Feminella**

26c.4. **Jennifer Brennan**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people

Debtor **HBL SNF, LLC**

Case number (if known)

in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Lizer Jozefovic		Chief Executive Officer	
Name	Address	Position and nature of any interest	% of interest, if any
Mark Neuman		Chief Financial Officer	
Name	Address	Position and nature of any interest	% of interest, if any
Danielle Feminella		Vice President of Finance	
Name	Address	Position and nature of any interest	% of interest, if any
Westchester Healthcare Properties LLC			51%
Name	Address	Position and nature of any interest	% of interest, if any
HHHW Liquidation Trust	c/o Alan Halperin, Esq. 40 Wall Street 37th Floor New York, NY 10005		39%
Name	Address	Position and nature of any interest	% of interest, if any
Bethel Nursing Company, Inc.	67 Springvale Road Croton on Hudson, NY 10520		10%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attached Spreadsheet at Exhibit B			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Debtor **HBL SNF, LLC**

Case number (if known)

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 29, 2021**

/s/ Lizer Jozefovic

Signature of individual signing on behalf of the debtor

Lizer Jozefovic

Printed name

Position or relationship to debtor **Chief Executive Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

HBL SNF, LLC
d/b/a
EPIC REHABILITATION AND NURSING AT WHITE PLAINS
FINANCIAL STATEMENTS
Ten Months Ended October 31, 2021

HMM, CPAs LLP

AUDIT | TAX | CONSULTING

INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Members of:

HBL SNF, LLC d/b/a Epic Rehabilitation and Nursing at White Plains
White Plains, NY

Management is responsible for the accompanying financial statements of HBL SNF, LLC d/b/a Epic Rehabilitation and Nursing at White Plains (a corporation), which comprise the balance sheet as of October 31, 2021, the related statement of loss and changes in members' deficit for the one month and the ten months then ended and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

A statement of cash flows for the ten months ended October 31, 2021, has not been presented. Accounting principles generally accepted in the United States of America require that such a statement be presented when financial statements purport to present financial position and results of operations.

Supplementary Information

The supplementary information contained in pages 13 through 19, is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information is the responsibility of management. The information was subject to our compilation engagement; however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any form of assurance on such supplementary information.

HMM, CPAs LLP

Hauppauge, NY
November 19, 2021

HBL SNF, LLC

d/b/a

EPIC REHABILITATION AND NURSING AT WHITE PLAINS

BALANCE SHEET

October 31, 2021

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$ 208,930
Accounts Receivables net of allowance for doubtful accounts of \$132,380 as of October 31, 2021	3,716,372
Due from third party payors	1,345,246
Inventory	30,041
Security deposits	3,707
Prepaid expenses	1,139,551
TOTAL CURRENT ASSETS	6,443,847

RESIDENT FUND 67,938

PROPERTY AND EQUIPMENT at cost, less accumulated depreciation	2,520,872
TOTAL ASSETS	\$ 9,032,657

LIABILITIES & MEMBERS' DEFICIT

CURRENT LIABILITIES

Accounts payable	\$ 1,738,583
Accrued payroll expenses and taxes payable	1,069,074
Accrued expenses	746,997
Payable to third party and private payors	166,844
Current portion of long term debt	62,914
TOTAL CURRENT LIABILITIES	3,784,412

RESIDENT FUND PAYABLE	67,688
DUE TO OTHERS	1,050,000
DUE TO RELATED PARTIES	15,264,476
LONG TERM DEBT, less current portion above	185,135
CONTINGENCIES	-
TOTAL LIABILITIES	20,351,711

MEMBERS' DEFICIT (11,319,054)

TOTAL LIABILITIES & MEMBERS' DEFICIT \$ 9,032,657

The accompanying Notes to Financial Statements are an integral part of this statement.
Unaudited - See Independent Accountant's Compilation Report

HBL SNF, LLC

d/b/a

EPIC REHABILITATION AND NURSING AT WHITE PLAINS**STATEMENT OF LOSS AND CHANGES IN MEMBERS' DEFICIT**

	One Month Ended October 31, 2021		Ten Months Ended October 31, 2021	
OPERATING REVENUE				
Routine and ancillary service income	\$ 2,090,156	\$ 573.12	\$ 19,586,994	\$ 558.08
Other operating income	654	0.18	12,132	0.35
TOTAL OPERATING REVENUE	<u>2,090,810</u>	<u>573.30</u>	<u>19,599,126</u>	<u>558.43</u>
EXPENSES				
Nursing & Medical	655,538	179.74	6,112,399	174.17
Therapy & Ancillaries	287,509	78.85	2,696,304	76.84
Social Services	14,360	3.94	152,345	4.34
Leisure Time Activities	33,312	9.13	288,864	8.23
Cleanliness & Safety	149,572	41.02	1,357,288	38.67
Food & Nutrition	157,352	43.13	1,448,390	41.27
General & Administration	481,233	131.95	3,397,709	96.83
Property	603,126	165.37	6,053,466	172.48
Non-Comparable	30,297	8.31	338,637	9.65
TOTAL EXPENSES	<u>2,412,299</u>	<u>661.44</u>	<u>21,845,402</u>	<u>622.48</u>
NET OPERATING LOSS	(321,489)	(88.14)	(2,246,276)	(64.05)
NON-OPERATING INCOME				
Forgiveness of Paycheck Protection Program Loan	-	-	482,320	13.74
TOTAL NON-OPERATING INCOME	<u>-</u>	<u>-</u>	<u>482,320</u>	<u>13.74</u>
NET LOSS	<u>\$ (321,489)</u>	<u>\$ (88.14)</u>	<u>(1,763,956)</u>	<u>\$ (50.31)</u>
MEMBERS' DEFICIT				
Balance, Beginning of Period			(9,555,098)	
BALANCE, END OF PERIOD			<u>\$ (11,319,054)</u>	
NUMBER OF RESIDENT DAYS	3,647		35,097	
AVERAGE NUMBER OF RESIDENTS	118		115	

The accompanying Notes to Financial Statements are an integral part of this statement.
 Unaudited - See Independent Accountant's Compilation Report

HBL SNF, LLC

d/b/a

Epic Rehabilitation and Nursing at White Plains

NOTES TO FINANCIAL STATEMENTS

Ten Months Ended October 31, 2021

(1) Summary of significant accounting policies

Description of Operations - HBL SNF, LLC d/b/a Epic Rehabilitation and Nursing at White Plains (the Company), is licensed as a 160 bed Residential Health Care Facility located in White Plains, NY. The Company provides the necessary medical services to its residents. The entity commenced operations on November 14, 2019 as limited liability Company in accordance with the Limited Liability Law of the State of New York. The Company does not have a termination date.

Basis of Accounting – The Company's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents - Cash and cash equivalents consists of cash held in checking and money market accounts and certificates of deposits with original maturities of three months or less.

Use of Estimates - The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Company's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reported period. Actual events and results could differ from those assumptions and estimates.

Routine and ancillary service income – Routine and ancillary service income is reported at the amount that reflects the consideration to which the Company expects to be entitled in exchange for providing resident care. These amounts are due from residents, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations.

Generally, the Company bills the residents and third-party payors several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Company. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Company believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to residents in our facility receiving skilled nursing services or residents receiving other services in our facility. The Company measures the performance obligation from admission into the facility, or the commencement of an inpatient service, to the point when it is no longer required to provide services to that resident, which is generally at the time of discharge or completion of the inpatient services.

Revenue for performance obligations satisfied at a point in time is generally recognized when goods or services are provided to the residents and the Company does not believe it is required to provide additional goods or services related to that sale.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Company has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

The Company determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured residents in accordance with the Company's policy, and implicit price concessions provided to Residents. The Company determines its estimates of contractual adjustments based on contractual agreements, its policies, and historical experience. The Company determines its estimate of implicit price concessions based on its historical collection experience.

HBL SNF, LLC**d/b/a****Epic Rehabilitation and Nursing at White Plains****NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(1) Summary of Significant Accounting Policies (continued)**

The Company has determined that the nature, amount, timing, and uncertainty of revenue and cash flows is primarily affected by the primary payor source. A table providing details of this factor is presented below:

	One Month Ended October 31, 2021	Ten Months Ended October 31, 2021
Private	\$ 171,561	\$ 988,841
Medicare	1,189,563	11,584,045
Other Insurance & MLTC	152,281	1,490,016
Medicaid	576,751	5,524,092
Total	<u>\$ 2,090,156</u>	<u>\$ 19,586,994</u>

Routine and ancillary service income is comprised primarily of Skilled Nursing Revenue. Revenue from other services is not a significant component of resident services revenue. For the one month and the ten months ended October 31, 2021, the Company recognized revenue of \$2,090,156 and \$19,586,994 from goods and services that transfer to the customer over time.

The Company has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from residents and third-party payors for the effects of a significant financing component due to the Company's expectation that the period between the time the service is provided to a resident and the time that the Resident or a third-party payor pays for that service will be one year or less.

However, the Company does, in certain instances, enter into payment agreements with residents that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

The Company has applied the practical expedient provided by FASB ASC 340-40-25-4 and all incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the Company otherwise would have recognized is one year or less in duration.

Variable Interest Entity Election - The Company has an agreement with White Plains Healthcare Properties I, LLC (The Realty) under which the Realty owns the land and building and leases it to the Company. The Company and the Realty do not have common ownership. The Company has no ownership interest in the Realty but does not guarantee the Realty's debt. The Company has determined that the Realty is a variable interest entity and the Company is the primary beneficiary and therefore would be required under Financial Accounting Standards Board Accounting Standards Codification to consolidate their financial statements. The Company though had elected to apply the alternative accounting and disclosure for certain variable interest entities provided to private companies pursuant to generally accepted accounting principles, and first effective for years beginning after December 15, 2014. Accordingly, the Company has opted not to consolidate their financial statement with the Realty (see also Note 9).

Property and Equipment - Property and equipment are stated at cost and are depreciated over their estimated useful lives using the straight-line method. Additions and improvements which extend the life of the assets are capitalized, and normal repairs and maintenance are charged to current operations. The costs and related accumulated depreciation of assets retired or disposed of are removed from the related accounts and the resulting gain or loss is reflected in income. Depreciation is computed using the straight-line method over the estimated lives of the assets which are as follows:

Leasehold Improvements	10-15
Major Movable Equipment	10
Computers	5

Unaudited – See Independent Accountant's Compilation Report

HBL SNF, LLC**d/b/a****Epic Rehabilitation and Nursing at White Plains****NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(1) Summary of Significant Accounting Policies (continued)**

Long-Lived Assets – The Company assesses its long-lived assets for impairment when events or circumstances indicate their carrying amounts may not be recoverable by comparing the expected undiscounted future cash flows of the assets within the respective carrying amounts as of the date of assessment. Should aggregate expected future cash flows be less than the carrying value, impairment would be recognized, measured as the difference between the carrying value and the fair value of the asset. During 2021, the Company did not record any impairment charges.

Resident Fund- Resident funds represent cash held in escrow on behalf of the residents. Such funds represent living allowances received by residents from the State of New York, as well as other resident funds deposited with the Company for safe keeping. Accordingly, the amounts are reported as assets and liabilities of the Company and are included on the balance sheet as “resident fund” and “resident funds payable.”

Concentration of Credit Risk - Accounts receivable potentially exposes the Company to concentrations of credit risk, as defined by FASB in the ASC. The Company's outstanding receivables are generated from third-party payers and private pay sources for residents residing in the facility. Third-party payors include the Medicaid, Medicare and private insurance companies. Private pay sources include individual residents.

The Company provides credit in the normal course of business, without collateral, to its residents, most of who are local residents and are insured under third party agreements. The Company has collateral in the form of restricted funds held in escrow for their private paying residents. Accounts receivable from residents and third party payors were approximately as follows as of October 31, 2021:

Medicaid	21.92%
Medicare	35.30%
Self Pay	42.78%
Total	<u>100.00%</u>

Allowance for Doubtful Accounts - Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Company analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and the provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to residents who have third-party coverage, the Company analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay residents (which includes both residents without insurance and residents with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Company records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many residents are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Epic Rehabilitation and Nursing at White Plains**NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(1) Summary of Significant Accounting Policies (continued)**

Assessing Collectability - The Company recognizes resident service revenue associated with services provided to residents who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured residents, the Company recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated). On the basis of historical experience, a portion of the Company's uninsured residents will be unable or unwilling to pay for the services provided. Thus, the Company records a provision for bad debts related to uninsured residents in the period the services are provided.

Income Taxes - The Company is a limited liability company organized under the laws of the State of New York and does not incur income taxes. Instead, its earnings are included in the members' personal income tax returns and taxed depending on their personal tax situations. The financial statements, therefore, do not include a provision for income taxes. The Company files income tax returns in the U.S. federal, and New York State jurisdictions. The Company recognizes the effects of income tax positions only if they are more likely than not of being sustained. Management has determined that the Company has no uncertain tax provisions that would require financial statement recognition.

Impact of Coronavirus (COVID-19) - In March 2020, an outbreak of a new strain of coronavirus, COVID-19, emerged as a pandemic in New York State and across the United States, leading to widespread business shutdowns and significant fluctuations in the financial markets. The COVID-19 outbreak has been ongoing and as such, has disrupted supply chains and affected production and sales across a range of industries.

Long-term care facilities have been impacted by the pandemic with many facilities experiencing reduced census due to COVID-19 deaths. Although not all of the reduction in census can be directly attributed to COVID-19 deaths, new admissions have slowed dramatically due to a general decline in medical care and concern among patients and family members about the coronavirus.

In response to the coronavirus outbreak, the US Government passed the Families First Coronavirus Relief Act (FFCRA) and the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"). These two pieces of legislation were designed to assist individuals and businesses in dealing with the coronavirus outbreak.

Even though the Company has received assistance in response to the pandemic, the extent to which COVID-19 impacts the Company's business, results of operations and financial condition will depend on future developments, which are highly uncertain and cannot be predicted, including, but not limited to the duration, spread, severity, and impact of COVID-19. Therefore, the related financial impact cannot be reasonably estimated at this time.

Subsequent Events - In preparing these financial statements, the Company has evaluated subsequent events through October 22, 2021, which is the date the financial statements were available to be issued.

(2) Resident fund

The Company acts as a fiduciary for the personal funds of its residents. These funds are kept in a separate cash account. The resident fund cash balance at October 31, 2021 was \$67,938. The resident fund payable at October 31, 2021 was \$67,688.

(3) Resident Service Income from Third Party Payors

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare: Certain inpatient services are paid at prospectively determined rates per day based on clinical, diagnostic and other factors. Physician services are paid based upon established fee schedules. Inpatient services are paid using prospectively determined rates.

Epic Rehabilitation and Nursing at White Plains**NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(3) Resident Service Income from Third Party Payors (continued)**

Medicaid: Reimbursements for Medicaid services are generally paid at prospectively determined rates per day. The Company is reimbursed for services at tentative rates with final settlement determined after submission of annual cost reports by the Company and audits thereof by the Medicaid administrative contractor.

Other: Payment agreements with certain commercial insurance carriers and health maintenance organizations provide for payment using prospectively determined rates per day.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Nursing Home believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing.

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing resident care.

These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Company's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations.

Generally, residents who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Company estimates the transaction price for residents with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions.

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to Resident service revenue in the period of the change. Additional revenue recognized due to changes in its estimates of implicit price concessions, discounts, and contractual adjustments were not considered significant for the nine months ended October 31, 2021. Subsequent changes that are determined to be the result of an adverse change in the Resident's ability to pay are recorded as bad debt expense.

Due from Third Party Payors consisted of the following at October 31, 2021:

1% Rate Restoration	\$	99,500
2019 Quality Pool		(46,730)
2020 Medicaid Rate Changes		193,290
2021 Medicaid Rate Changes		1,099,186
Due from third party payors	\$	<u>1,345,246</u>

HBL SNF, LLC**d/b/a****Epic Rehabilitation and Nursing at White Plains****NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(3) Resident Service Income from Third Party Payors (continued)**

Payable to third party and private payors consisted of the following at October 31, 2021:

Due to Medicaid - (credit balances)	\$	79,906
Due to Private - (credit balances)		8,821
Due to Other Ins, - (credit balances)		78,117
Total payable to third party and private payors	\$	<u>166,844</u>

Temporary Suspension of Medicare Sequestration

The Budget Control Act of 2011 requires a mandatory, across the board reduction in federal spending, called a sequestration. Medicare fee for service claims with dates of service or dates of discharge on or after April 3, 2013 incur a 2.0% reduction in Medicare payments. All Medicare rate payments and settlements have incurred this mandatory reduction and it will continue to remain in place through at least 2023, unless Congress takes further action. In response to COVID-19, the CARES Act temporarily suspended the automatic 2.0% reduction of Medicare claim reimbursements for the period of May 1, 2020 through December 31, 2021. During the ten months ended October 31, 2021, the suspension of sequestration resulted in net revenues of approximately \$220,000.

Medicaid Rate Changes

	<u>Rate</u>	<u>Medicaid Only CMI</u>
November 14, 2019	\$ 258.14	N/A
January 1, 2021 - CMI Dated 7/2020	\$ 338.67	1.51
July 1, 2021 - CMI Dated 1/2021	\$ 331.99	1.46
Assessment per diem - 1/1/19	\$ 17.31	N/A

As part of the budget, New York State implemented an across the board (ATB) reduction to Medicaid payments made to most Medicaid providers. All fee-for-service payments with dates of service of January 1, 2021 through October 31, 2021, were reduced by 1.5%.

(4) Property and Equipment

Property and equipment consisted of the following at October 31, 2021:

Major moveable equipment	\$	2,325,410
Leasehold improvements		591,916
Computers		66,354
Total at cost		<u>2,983,680</u>
Accumulated Depreciation		<u>(462,808)</u>
Net property and equipment	\$	<u>2,520,872</u>

The depreciation charged to operations for the one month and the ten months ended October 31, 2021 was \$21,000 and \$210,000, respectively. The depreciation policies followed by the Company are described in Note (1).

HBL SNF, LLC

d/b/a

Epic Rehabilitation and Nursing at White Plains**NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(5) Accrued Payroll Expenses and Taxes Payable**

Accrued payroll expenses and taxes payable consisted of the following at October 31, 2021:

Accrued payroll, sick, and vacation	\$	433,157
Accrued payroll taxes		635,917
Total accrued payroll and taxes payable	\$	<u>1,069,074</u>

(6) Long-term Debt

Long-term debt consisted of the following at October 31, 2021:

(A)	\$208,948 lease payable, interest at 10.38%, monthly installments of \$4,479, including principal and interest, due December 2024	\$	145,216
(B)	\$22,656 lease payable, interest at 11.60%, monthly installments of \$500, including principal and interest, due March 2025		16,829
(C)	\$101,955 lease payable, interest at 11.65%, monthly installments of \$2,250, including principal and interest, due October 2025		<u>86,004</u>
	Total long term debt		248,049
	Less: Amount due within one year		<u>62,914</u>
	Amount Due After One Year	\$	<u>185,135</u>

Monthly requirements on long-term debt are as follows for the year ended:

	(A)	(B)	(C)	TOTAL
2021	\$ 6,500	\$ 678	\$ 2,843	\$ 10,021
2022	41,441	4,352	18,261	64,054
2023	45,953	4,884	20,506	71,343
2024	51,322	5,482	23,027	79,831
2025	-	1,433	21,367	22,800
2026 thereafter	-	-	-	-
TOTAL	\$ 145,216	\$ 16,829	\$ 86,004	\$ 248,049

Total interest expense for the one month and the ten months ended October 31, 2021 was \$2,296 and \$24,869, respectively.

The assets and liabilities under capital lease are recorded at the lower of the present value of the minimum lease payments or the fair value of the asset. The assets are amortized over their estimated productive lives. Amortization of assets under capital leases is included in depreciation expense for the one month and the ten months ended October 31, 2021. The following is a summary of property held under capital lease:

Leasehold Improvements	\$	333,559
MME		22,656
Accumulated Depreciation		<u>(32,670)</u>
Net	\$	<u>323,545</u>

Unaudited – See Independent Accountant's Compilation Report

HBL SNF, LLC**d/b/a****Epic Rehabilitation and Nursing at White Plains****NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(7) Transactions with Related Parties**

Due (to) / from Related Parties consisted of the following at October 31, 2021:

Due from Salem Acquisition I, LLC	\$	20
Due from Water's edge		201,376
Due to Waterview Acquisition I, LLC		(2,533,777)
Due from Broward Acquisition, LLC		444
Due to Skyview Nursing Home		(10,792,864)
Due to Putnam Operation Acquisition		(168,408)
Due from Due to Riverfront, LLC		200
Due from Due to Watercrest Acquisition I, LLC		13,000
Due to Park Manor Acquisition II, LLC		(1,007,527)
Due to EPIC Management, LLC		(35,190)
Due to Epic Senior, LLC		(177,963)
Due from Montgomery Nursing Home		6,213
Due to Owners		(770,000)
Total Net Due to related parties	\$	<u>(15,264,476)</u>

The Company has received loans from related parties. These related parties are nursing homes who have common ownership with the Company: Salem Acquisition I, LLC, Water's Edge, Waterview Acquisition I, LLC, Broward Acquisition I, LLC, Skyview Acquisition, LLC, Putnam Operation Acquisition I, LLC, Park Manor Acquisition II, LLC and Montgomery Nursing Home.

The Company receives management services from EPIC Healthcare Management, LLC and Epic Senior, LLC, related parties with common ownership. Total management services for the one month and the ten months ended October 31, 2021 was \$83,633 and \$774,918, respectively.

The above loans do not accrue interest and have no set repayment terms.

(8) PPP Loan Payable

In April 2020, the Company received a loan in the amount of \$482,300 under the Payroll Protection Program ("PPP Loan"). The PPP Loan, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The PPP Loan and accrued interest are forgivable after the covered period, up to 24-weeks, if the borrower uses the PPP Loan proceeds for eligible purposes, including payroll, benefits, rent, utilities, covered worker protection expenditures and maintains its payroll levels. The amount of the PPP Loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period, up to 24-weeks. The unforgiven portion of the PPP Loan is payable over two years (with a possible extension to five years), at an interest rate of 1%, with a deferral of payments for the first 10 months. All the proceeds of the PPP Loan were used by the company to pay eligible payroll costs and the Company maintained its headcount and otherwise complied with the terms of the PPP Loan.

The Company believes that it has acted in compliance with the program and has requested forgiveness of the PPP Loan. The PPP Loan of \$482,300 was forgiven as of October 31, 2021 and is shown on the statement of loss and changes in members' deficit.

HBL SNF, LLC**d/b/a****Epic Rehabilitation and Nursing at White Plains****NOTES TO FINANCIAL STATEMENTS****Ten Months Ended October 31, 2021****(9) Lease Agreement**

The Company has an arm's length lease with White Plains Healthcare Properties I, LLC (The Realty) to operate a 160-bed skilled nursing facility located at 120 Church Street, White Plains, NY 10601. The lease, dated November 19, 2015 has a thirty-year term. The lease calls for annual rent for \$6,073,158, split into monthly installments of \$506,097 per month. The total rent charged to operations for the one month and the ten months ended October 31, 2021 was \$506,097 and \$5,060,965, respectively.

Future minimum lease payments are as follows:

2021	\$	1,012,193
2022		6,073,158
2023		6,073,158
2024		6,073,158
2025		6,073,158
2026 - thereafter		90,085,177
Total future minimum lease payments	\$	<u>115,390,002</u>

The Company has property in possession of the Realty with an aggregate value of approximately \$4,400,000. This property is comprised of a payment made to the Realty in 2015 in the amount of \$2,200,000 and a second payment made to the Realty in 2019 for \$2,200,000. The Company has not received credit for these payments under the lease.

(10) Pension

The Company is a sponsor in a multiple employer defined contribution plan with EPIC Healthcare Management, LLC, a related party. The plan covers substantially all of its employees and provides deferred compensation and profit sharing benefits. The plan provides that employees who have attained age 18 and completed three months of service can voluntarily contribute from 1% to 85% of their earnings to the plan. The Company may contribute a discretionary matching contribution and a discretionary profit-sharing amount equal to a percentage of the participants' contribution. Pension expense for the one month and the ten months ended October 31, 2021 was \$2,482 and \$16,936, respectively.

(11) Commitments and Contingencies

The Company is involved in various claims and legal actions in the normal course of business. Management estimates that such matters will be resolved without material adverse effect on the Company's future financial position or results from operations.

The Company files annual cost reports with National Government Services as fiscal intermediary for the Medicare Program and New York State Department of Health for the development of Medicare and Medicaid payment rates. Revenue received under cost reimbursement agreements are subject to audit and retroactive adjustment. Provisions have not been made in the accompanying financial statements for the effect of such adjustment, if any, relating to this matter.

HBL SNF, LLC
d/b/a
EPIC REHABILITATION AND NURSING AT WHITE PLAINS
SUPPLEMENTARY INFORMATION
Ten Months Ended October 31, 2021

HBI SNF, LLC
Pg 77 of 120
d/b/a**EPIC REHABILITATION AND NURSING AT WHITE PLAINS****STATEMENT OF OPERATIONS - REVENUES****Ten Months Ended October 31, 2021**

CURR. MTH. 10/01/21 10/31/21	DESCRIPTION	CUM. 01/01/21 10/31/21	PER DAY 01/01/21 10/31/21	PER DAY 10/01/21 10/31/21	% INC (DEC) CUM. vs. CURR. MTH.
ROUTINE AND ANCILLARY SERVICE INCOME					
\$ 576,751	MEDICAID	\$ 5,524,565	\$ 347.44	\$ 343.51	-1.14%
-	MEDICAID RETRO	(473)	(0.03)	-	0.00%
152,281	OTHER INS. & MLTC	1,490,016	453.44	547.77	17.22%
1,107,734	MEDICARE PART - A	11,043,531	798.64	826.67	3.39%
171,561	PRIVATE	988,841	474.95	490.17	3.11%
81,829	MEDICARE PART B	540,514	15.40	22.44	31.37%
<u>\$ 2,090,156</u>	ANCILLARY SERVICE INCOME	<u>\$ 19,586,994</u>	<u>\$ 558.08</u>	<u>\$ 573.12</u>	<u>53.95%</u>
OTHER OPERATING INCOME					
\$ 654	OTHER INCOME	\$ 12,132	\$ 0.35	\$ 0.18	-94.44%
<u>\$ 654</u>	TOTAL OTHER OPERATING INCOME	<u>\$ 12,132</u>	<u>\$ 0.35</u>	<u>\$ 0.18</u>	<u>-94.44%</u>

*Average Routine and Ancillary Service Income and Contractual Allowances for all classes of residents.
 Unaudited - See Independent Accountant's Compilation Report

HBL SNE LLC
Pg 78 of 120
d/b/a**EPIC REHABILITATION AND NURSING AT WHITE PLAINS****STATEMENT OF OPERATIONS - EXPENSES****Ten Months Ended October 31, 2021**

CURR. MTH. 10/01/21 10/31/21	DEPARTMENT	CUM. 01/01/21 10/31/21	PER DAY 01/01/21 10/31/21	PER DAY 10/01/21 10/31/21	% INC (DEC) CUM. vs. CURR MTH.
NURSING & MEDICAL					
\$ 142,639	PAYROLL DNS & RN SUPERVISORS	\$ 1,278,393	\$ 36.42	\$ 39.11	6.88%
138,920	PAYROLL L.P.N.	1,329,576	37.88	38.09	0.55%
214,091	PAYROLL AIDES & ORDERLIES	2,028,787	57.81	58.70	1.52%
12,631	PAYROLL MDS COORDINATOR	115,307	3.29	3.46	4.91%
8,912	PAYROLL MEDICAL RECORDS	82,767	2.36	2.44	3.28%
5,066	PAYROLL ADMINISTRATIVE	52,136	1.49	1.39	-7.19%
122,690	BENEFITS	1,062,311	30.27	33.64	10.02%
9,871	CONTRACTED NURSING SERVICES LPN	149,729	4.27	2.71	-57.56%
650	MEDICAL SUPPLIES & SERVICES	7,820	0.22	0.18	-22.22%
68	OTHER	5,573	0.16	0.02	-700.00%
\$ 655,538	TOTAL NURSING & MEDICAL	\$ 6,112,399	\$ 174.17	\$ 179.74	3.10%
THERAPY & ANCILLARIES					
\$ 88,520	PAYROLL PHYSICAL THERAPY	\$ 857,369	\$ 24.43	\$ 24.27	-0.66%
66,161	PAYROLL OCCUPATIONAL THERAPY	604,962	17.24	18.14	4.96%
36,336	BENEFITS	317,836	9.06	9.96	9.04%
1,705	PHYSICAL THERAPY SERVICES	8,663	0.25	0.47	46.81%
3,733	OCCUPATIONAL THERAPY SERVICES	9,934	0.28	1.02	72.55%
2,389	THERAPEUTIC SUPPLIES & SERVICES	17,981	0.51	0.66	22.73%
37,638	RX DRUGS	347,728	9.91	10.32	3.97%
5,354	LABORATORY SERVICES & SUPPLIES	52,645	1.50	1.47	-2.04%
3,175	RADIOLOGY SERVICES & SUPPLIES	32,139	0.92	0.87	-5.75%
21,034	SUPPLIES	285,542	8.14	5.77	-41.07%
2,323	PHARMACY CONSULTANT	21,143	0.60	0.64	6.25%
19,141	CONTRACTED SERVICES	140,362	4.00	5.25	23.81%
\$ 287,509	TOTAL THERAPY & ANCILLARIES	\$ 2,696,304	\$ 76.84	\$ 78.85	2.55%
SOCIAL SERVICES					
\$ 11,523	PAYROLL	\$ 125,096	\$ 3.56	\$ 3.16	-12.66%
2,837	BENEFITS	27,249	0.78	0.78	0.00%
\$ 14,360	TOTAL SOCIAL SERVICES	\$ 152,345	\$ 4.34	\$ 3.94	-10.15%

HBL SNF LLC
Pg 79 of 120
d/b/a**EPIC REHABILITATION AND NURSING AT WHITE PLAINS****STATEMENT OF OPERATIONS - EXPENSES****Ten Months Ended October 31, 2021**

CURR. MTH. 10/01/21 10/31/21	DEPARTMENT	CUM. 01/01/21 10/31/21	PER DAY 01/01/21 10/31/21	PER DAY 10/01/21 10/31/21	% INC (DEC) CUM. vs. CURR MTH.
LEISURE TIME ACTIVITIES					
\$ 25,389	PAYROLL	\$ 221,370	\$ 6.31	\$ 6.96	9.34%
5,950	BENEFITS	48,209	1.37	1.63	15.95%
-	CONTRACTED SERVICES	636	0.02	-	100.00%
1,973	SUPPLIES & SERVICES	14,174	0.40	0.54	25.93%
-	OTHER	4,475	0.13	-	100.00%
<u>\$ 33,312</u>	TOTAL LEISURE TIME ACTIVITIES	<u>\$ 288,864</u>	<u>\$ 8.23</u>	<u>\$ 9.13</u>	<u>9.86%</u>
CLEANLINESS & SAFETY					
\$ 70,226	PAYROLL HOUSEKEEPING	\$ 619,982	\$ 17.66	\$ 19.26	8.31%
21,548	PAYROLL MAINTENANCE	189,110	5.39	5.91	8.80%
3,525	PAYROLL LAUNDRY	28,323	0.81	0.97	16.49%
22,200	BENEFITS	181,975	5.18	6.09	14.94%
1,891	MAINTENANCE SUPPLIES	22,495	0.64	0.52	-23.08%
990	TRANSPORTATION	9,434	0.27	0.27	0.00%
7,200	HOUSEKEEPING SUPPLIES	54,020	1.54	1.97	21.83%
13,608	MAINTENANCE SERVICES	160,457	4.57	3.73	-22.52%
8,384	LAUNDRY SUPPLIES & SERVICES	91,492	2.61	2.30	-13.48%
<u>\$ 149,572</u>	TOTAL CLEANLINESS & SAFETY	<u>\$ 1,357,288</u>	<u>\$ 38.67</u>	<u>\$ 41.02</u>	<u>5.73%</u>
FOOD & NUTRITION					
\$ 92,899	PAYROLL	\$ 868,856	\$ 24.76	\$ 25.47	2.79%
21,820	BENEFITS	188,834	5.38	5.98	10.03%
405	DIETICIAN	28,377	0.81	0.11	-636.36%
36,633	FOOD	299,411	8.53	10.04	15.04%
48	PURCHASED SERVICES	2,144	0.06	0.01	-500.00%
5,547	SUPPLIES	60,768	1.73	1.52	-13.82%
<u>\$ 157,352</u>	TOTAL FOOD & NUTRITION	<u>\$ 1,448,390</u>	<u>\$ 41.27</u>	<u>\$ 43.13</u>	<u>4.31%</u>

HBL SNF LLC
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d/b/a**EPIC REHABILITATION AND NURSING AT WHITE PLAINS****STATEMENT OF OPERATIONS - EXPENSES****Ten Months Ended October 31, 2021**

CURR. MTH. 10/01/21 10/31/21	DEPARTMENT	CUM. 01/01/21 10/31/21	PER DAY 01/01/21 10/31/21	PER DAY 10/01/21 10/31/21	% INC (DEC) CUM. vs. CURR MTH.
GENERAL & ADMINISTRATION					
\$ 15,822	PAYROLL ADMIN & OPERATION	\$ 154,503	\$ 4.40	\$ 4.34	-1.38%
5,803	PAYROLL OFFICE FISCAL	53,179	1.52	1.59	4.40%
21,364	PAYROLL OFFICE OTHER	155,740	4.44	5.86	24.23%
11,898	BENEFITS	96,827	2.76	3.26	15.34%
1,982	SUPPLIES & SERVICES	16,286	0.46	0.54	14.81%
64,293	CONTRACTED SERVICES	528,075	15.05	17.63	14.63%
26,000	INSURANCE - LIAB., MALP., ETC.	260,000	7.41	7.13	-3.93%
83,633	MANAGEMENT FEES	774,918	22.08	22.93	3.71%
(24,612)	ACCOUNTING FEES	57,036	1.63	(6.75)	0.00%
-	CONTRIBUTION	200	0.01	-	100.00%
10,000	BAD DEBTS	100,000	2.85	2.74	-4.01%
6,922	ADVERTISING	45,561	1.30	1.90	31.58%
46,397	STATE REVENUE ASSESSMENT	372,725	10.62	12.72	16.51%
61,632	LEGAL	588,510	16.77	16.90	0.77%
113,738	PRINTING, BOOKS & PUBLICATIONS	113,738	3.24	31.19	89.61%
27,201	BANK FEES	35,257	1.00	7.46	86.60%
9,160	MISCELLANEOUS EXPENSES	45,154	1.29	2.51	48.61%
<u>\$ 481,233</u>	TOTAL GENERAL & ADMINISTRATION	<u>\$ 3,397,709</u>	<u>\$ 96.83</u>	<u>\$ 131.95</u>	<u>26.62%</u>
PROPERTY (NON-TRENDED)					
\$ 506,096	RENT	\$ 5,060,965	\$ 144.20	\$ 138.77	-3.91%
11,977	EQUIPMENT RENTALS	124,209	3.54	3.28	-7.93%
2,296	INTEREST	24,869	0.71	0.63	-12.70%
21,000	DEPRECIATION	210,000	5.98	5.76	-3.82%
6,757	SALES TAX	83,423	2.38	1.85	-28.65%
50,000	REAL ESTATE TAX	500,000	14.25	13.71	-3.94%
5,000	PROPERTY INSURANCE	50,000	1.42	1.37	-3.65%
<u>\$ 603,126</u>	TOTAL PROPERTY	<u>\$ 6,053,466</u>	<u>\$ 172.48</u>	<u>\$ 165.37</u>	<u>-4.30%</u>
NON COMPARABLE (TRENDED)					
\$ 3,750	MEDICAL DIRECTOR	\$ 37,500	\$ 1.07	\$ 1.03	-3.88%
3,200	DENTAL FEES	17,600	0.50	0.88	43.18%
23,347	LIGHT, HEAT & POWER	283,537	8.08	6.40	-26.25%
<u>\$ 30,297</u>	TOTAL NON COMPARABLE	<u>\$ 338,637</u>	<u>\$ 9.65</u>	<u>\$ 8.31</u>	<u>-16.13%</u>

HBL SNF LLC
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d/b/a**EPIC REHABILITATION AND NURSING AT WHITE PLAINS****STATEMENT OF OPERATIONS - EXPENSES****Ten Months Ended October 31, 2021**

CURR. MTH.		CUM.	PER DAY	PER DAY	% INC (DEC)
10/01/21		01/01/21	01/01/21	10/01/21	CUM. vs.
10/31/21	DEPARTMENT	10/31/21	10/31/21	10/31/21	CURR MTH.
NON-SNF PROGRAMS					
PAYROLL SUMMARY					
\$ 142,639	DNS & RN SUPERVISORS	\$ 1,278,393	\$ 36.42	\$ 39.11	6.88%
138,920	L.P.N'S	1,329,576	37.88	38.09	0.55%
214,091	AIDES & ORDERLIES	2,028,787	57.81	58.70	1.52%
12,631	PAYROLL MDS COORDINATOR	115,307	3.29	3.46	4.91%
5,066	NURSING ADMINISTRATIVE	52,136	1.49	1.39	-7.19%
88,520	PHYSICAL THERAPY	857,369	24.43	24.27	-0.66%
66,161	OCCUPATIONAL THERAPY	604,962	17.24	18.14	4.96%
92,899	DIETARY	868,856	24.76	25.47	2.79%
25,389	RECREATION	221,370	6.31	6.96	9.34%
70,226	HOUSEKEEPING	619,982	17.66	19.26	8.31%
21,548	MAINTENANCE	189,110	5.39	5.91	8.80%
3,525	LAUNDRY	28,323	0.81	0.97	16.49%
8,912	MEDICAL RECORDS	82,767	2.36	2.44	3.28%
11,523	SOCIAL SERVICES	125,096	3.56	3.16	-12.66%
15,822	ADMINISTRATION	154,503	4.40	4.34	-1.38%
5,803	OFFICE FISCAL	53,179	1.52	1.59	4.40%
21,364	ADMINISTRATIVE & OFFICE OTHER	155,740	4.44	5.86	24.23%
<u>\$ 945,039</u>	TOTAL PAYROLL SUMMARY	<u>\$ 8,765,456</u>	<u>\$ 249.77</u>	<u>\$ 259.12</u>	<u>3.61%</u>

CONTRACTED LABOR SUMMARY

\$ 9,871	NURSING	\$ 149,729	\$ 4.27	\$ 2.71	-57.56%
1,705	PHYSICAL THERAPY	8,663	0.25	0.47	46.81%
3,733	OCCUPATIONAL THERAPY	9,934	0.28	1.02	72.55%
19,141	ANCILLARY SERVICES	140,362	4.00	5.25	23.81%
-	ACTIVITIES	636	0.02	-	100.00%
<u>\$ 34,450</u>	TOTAL CONTRACTED LABOR SUMMARY	<u>\$ 309,324</u>	<u>\$ 8.82</u>	<u>\$ 9.45</u>	<u>6.67%</u>

BENEFITS SUMMARY

\$ 67,545	FICA	\$ 645,448	\$ 18.39	\$ 18.52	0.70%
4,140	UNEMPLOYMENT INSURANCE	118,238	3.37	1.15	-193.04%
848	DISABILITY	2,417	0.07	0.23	69.57%
11,000	WORKMEN'S COMPENSATION	112,153	3.20	3.02	-5.96%
2,482	NON UNION PENSION	16,936	0.48	0.68	29.41%
131,212	HEALTH INSURANCE	970,057	27.64	35.98	23.18%
3,005	MTA COMMUTER TAX	28,689	0.82	0.82	0.00%
3,499	OTHER BENEFITS	29,303	0.83	0.96	13.54%
<u>\$ 223,731</u>	TOTAL BENEFITS SUMMARY	<u>\$ 1,923,241</u>	<u>\$ 54.80</u>	<u>\$ 61.36</u>	<u>10.69%</u>

HBL SNF, LLC
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d/b/a**EPIC REHABILITATION AND NURSING AT WHITE PLAINS****% OF BENEFITS TO PAYROLL****Ten Months Ended October 31, 2021**

CURR. MTH.		CUM.	PER DAY	PER DAY	% INC (DEC)
10/01/21		01/01/21	01/01/21	10/01/21	CUM. vs.
10/31/21	DEPARTMENT	10/31/21	10/31/21	10/31/21	CURR MTH.
23.67%	% OF BENEFITS TO PAYROLL	21.94%	N/A	N/A	-1.73%

HBL SNF, LLC
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d/b/a**EPIC REHABILITATION AND NURSING AT WHITE PLAINS****CENSUS SUMMARY****October 31, 2021**

Ten Months Ended October 31, 2021							
MONTH	MEDICAID RESIDENT DAYS	MEDICARE RESIDENT DAYS	PRIVATE RESIDENT DAYS	OTHER INS RESIDENT DAYS	TOTAL	OCC PCTG.	AVG. BED OCC.
JAN 2021	678	1,498	120	103	2,399	48.37%	77.0
FEB 2021	794	1,988	88	262	3,132	69.91%	112.0
MAR 2021	1,522	1,501	169	288	3,480	70.16%	112.0
APRIL 2021	1,806	1,318	68	196	3,388	70.58%	113.0
MAY 2021	1,748	1,404	163	446	3,761	75.83%	121.0
JUNE 2021	1,942	1,155	210	442	3,749	78.10%	125.0
JULY 2021	1,831	1,241	420	461	3,953	79.70%	128.0
AUG 2021	2,172	1,102	149	415	3,838	77.38%	124.0
SEPT 2021	1,729	1,281	345	395	3,750	78.13%	125.0
OCT 2021	1,679	1,340	350	278	3,647	73.53%	118.0
YTD TOTAL	15,901	13,828	2,082	3,286	35,097	72.16%	115.0
PAYOR MIX	45.31%	39.40%	5.93%	9.36%	100.00%	YTD	
One Month Ended October 31, 2021							
OCT 2021	1,679	1,340	350	278	3,647	73.53%	118.0
CURR TOTAL	1,679	1,340	350	278	3,647	73.53%	118.0
PAYOR MIX	46.04%	36.74%	9.60%	7.62%	100.00%	PER.	
# OF SNF BEDS:	160						

Exhibit A

Page: 1

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Date: 11/10/21 at 5:22 PM

Epic Rehab and Nursing White Plains
Complete Check Register
Current and History Files, 08/01/21 to 08/31/21
All Accounts, Sessions 000000 to 015133 All Checks

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
Checking Account: 10112000							
000132 / NYNA COMMISSIONER OF HEALTH	151	08/03/21	M	08032021	014931	RECERTS	200.00
						000132 Subtotal :	200.00
000232 / MARSHA ABELSON	153	08/12/21	M	08122021	014976	REFUND	52.00
						000232 Subtotal :	52.00
000108 / EPIC WHITE PLAINS RESIDENT FUNDS	154	08/23/21	M	08232021	015017	REFUND	98.00
						000108 Subtotal :	98.00
	155	08/26/21	M	08262021	014999	REFUND	37.00
						000108 Subtotal :	37.00
000014 / INDENTOGO	156	08/27/21	M	08272021	014976		102.00
						000014 Subtotal :	102.00
000132 / NYNA COMMISSIONER OF HEALTH	157	08/31/21	M	08312021	014998	RECERTS	200.00
						000132 Subtotal :	200.00
000108 / EPIC WHITE PLAINS RESIDENT FUNDS	158	08/31/21	M	08/2021	014998	AUGUST2021	3333.15
						000108 Subtotal :	3333.15
000040 / METLIFE GROUP BENEFITS	2049	08/01/21	2	08/2021	014918	0009	536.38
						000040 Subtotal :	536.38
000021 / ALBORO NATIONAL	2050	08/02/21	2	6523	014919		2425.60
	2050	08/02/21	2	6560	014919		2263.89
	2050	08/02/21	2	6601	014919		2263.89
	2050	08/02/21	2	6643	014919		2263.89
						000021 Subtotal :	9217.27
000055 / ACUTE CARE GASES	2051	08/02/21	2	30384	014922		15.00
	2051	08/02/21	2	30542	014922		60.00
	2051	08/02/21	2	30708	014922		32.50
	2051	08/02/21	2	30855	014922		15.00
	2051	08/02/21	2	30954	014922		210.00
	2051	08/02/21	2	30994	014922		148.00
	2051	08/02/21	2	31026	014922		82.50
	2051	08/02/21	2	31060	014922		370.00
	2051	08/02/21	2	R19405	014922	RENTALS	126.00
	2051	08/02/21	2	R19406	014922	RENTALS	73.80
	2051	08/02/21	2	R19407	014922	RENTALS	246.60

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	2051	08/02/21	2	R19408	014922	RENTAL	4.92
						000055 Subtotal :	1384.32
000184 / MEMIC INDEMNITY COMPANY	2052	08/02/21	2	07182021	014922	3102805596	12031.90
						000184 Subtotal :	12031.90
000077 / NOVA HEALTHCARE SOLUTIONS INC.	2053	08/04/21	2	4374	014924	APRIL 2021	300.00
	2053	08/04/21	2	4540	014924	MAY 2021	300.00
	2053	08/04/21	2	4701	014924	JUNE 2021	300.00
						000077 Subtotal :	900.00
000089 / UPS	2054	08/04/21	1	7Y0524301	014924		77.59
						000089 Subtotal :	77.59
000047 / SUBURBAN CARTING CO.	2055	08/05/21	2	774778	014928	APRIL2021	6073.00
	2055	08/05/21	2	778951	014928	JUNE 2021	5068.27
						000047 Subtotal :	11141.27
000204 / WHITE GLOVE PLACEMENT, INC.	2056	08/09/21	2	10001	014930	50.00	2200.00
	2056	08/09/21	2	10002	014930	25.50	1122.00
	2056	08/09/21	2	E10003	014930	45.00	2090.00
	2056	08/09/21	2	E10004	014930	104.50	5338.50
						000204 Subtotal :	10750.50
000225 / K PILLAY CORP.	2057	08/09/21	1	07182021	014930	JULY18TH	412.50
	2057	08/09/21	1	08022021	014930	8/1-8/2	577.50
						000225 Subtotal :	990.00
000063 / FIRST INSURANCE FUNDING	2058	08/11/21	2	93289098	014932	93289098	26729.53
						000063 Subtotal :	26729.53
000184 / MEMIC INDEMNITY COMPANY	2059	08/16/21	2	07182021	014934	3102805596	12031.90
						000184 Subtotal :	12031.90
000227 / JOANNE GADDI	2060	08/16/21	1	07162021	014934	REFUNDCLOT	258.86
						000227 Subtotal :	258.86
000019 / DYNALINK COMMUNICATIONS	2061	08/19/21	1	418415	014941	AUGUST2021	1553.20
						000019 Subtotal :	1553.20
000025 / GERIMEDIX, INC.	2063	08/19/21	2	1186303-IN	014941		3200.46
	2063	08/19/21	2	1186304-IN	014941		63.79

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	2063	08/19/21	2	1186305-IN	014941		8.40
	2063	08/19/21	2	1187525-IN	014941	GLOVES	695.00
	2063	08/19/21	2	1187682-IN	014941		3852.45
	2063	08/19/21	2	1189021-IN	014941		2793.92
	2063	08/19/21	2	1189022-IN	014941		179.16
	2063	08/19/21	2	1189023-IN	014941		194.00
	2063	08/19/21	2	1190342-IN	014941		2442.50
	2063	08/19/21	2	1190343-IN	014941		264.87
	2063	08/19/21	2	1190344-IN	014941		19.44
	2063	08/19/21	2	1190345-IN	014941		110.00
	2063	08/19/21	2	1191755-IN	014941		1209.61
	2063	08/19/21	2	1191756-IN	014941		63.94
						000025 Subtotal :	15097.54
000053 / SECURE 360 INC.	2064	08/19/21	2	60215	014941	5/27/2020	16581.38
						000053 Subtotal :	16581.38
000102 / GUARDIAN	2065	08/19/21	1	08/2021	014941	0009	5272.59
						000102 Subtotal :	5272.59
000169 / AETNA LIFE INSURANCE COMPANY	2066	08/19/21	1	240889	014941	JULY 2021	313.82
						000169 Subtotal :	313.82
000193 / MICHELMAN & ROBINSON, LLP	2067	08/19/21	1	173784	014941	INTEREST	108.75
	2067	08/19/21	2	170690	014941	1/31/2021	7250.00
	2067	08/19/21	2	171907	014941	2/28/2021	5160.00
	2067	08/19/21	2	174748	014941	INTEREST	186.15
						000193 Subtotal :	12704.90
000228 / AFLAC	2068	08/19/21	2	773098	014941	NRV82/JULY	4931.46
						000228 Subtotal :	4931.46
000007 / VERIZON	2069	08/30/21	1	07202021	014963	9149494569	1214.85
						000007 Subtotal :	1214.85
000010 / CON EDISON	2070	08/30/21	1	07072021	014963	7/7-8/5	22290.10
						000010 Subtotal :	22290.10
000011 / CON EDISON	2071	08/30/21	1	07072021	014963	7/7-8/5	2369.98
						000011 Subtotal :	2369.98
000017 / GREATAMERICA FINANCIAL SERVICES	2072	08/30/21	1	29680986	014963	1462589000	213.17
						000017 Subtotal :	213.17

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000030 / ASSURED PARTNERS	2073	08/30/21	1	61270	014963	CYBER	5184.35
000030 Subtotal :							5184.35
000033 / ATLANTIC A PROGRAM OF DE LAGE	2074	08/30/21	1	73317096	014963	50034540	855.08
000033 Subtotal :							855.08
000035 / MADELYN BONILLA	2075	08/30/21	1	07/2021	014963	MILEAGE	100.81
000035 Subtotal :							100.81
000052 / SBV WORKFORCE MANAGEMENT	2076	08/30/21	2	210401WHT	014963	APRIL2021	945.03
	2076	08/30/21	2	210501WHT	014963		951.53
	2076	08/30/21	2	210601WHT	014963	JUNE 2021	1003.55
	2076	08/30/21	2	210701WHT	014963		1029.56
000052 Subtotal :							3929.67
000141 / MATURE SOLUTIONS, INC.	2077	08/30/21	1	49717	014963		399.00
000141 Subtotal :							399.00
000183 / GRAINGER	2078	08/30/21	2	9001904342	014963		305.25
	2078	08/30/21	2	9925658875	014963		387.99
	2078	08/30/21	2	9930215695	014963		316.69
	2078	08/30/21	2	9941523947	014963		111.87
	2078	08/30/21	2	9942983124	014963		95.74
	2078	08/30/21	2	9954391497	014963		84.23
	2078	08/30/21	2	9956450564	014963		408.14
	2078	08/30/21	2	9965492821	014963		498.59
	2078	08/30/21	2	9967901639	014963		133.05
000183 Subtotal :							2341.55
000202 / DE LAGE LANDEN FINANCIAL SERVICES	2079	08/30/21	1	73265009	014963	50258394	236.11
000202 Subtotal :							236.11
000204 / WHITE GLOVE PLACEMENT, INC.	2080	08/30/21	2	E10005	014963	22.50	1035.00
	2080	08/30/21	2	E10006	014963	22.50	1035.00
	2080	08/30/21	2	E10008	014963	60.00	3392.50
	2080	08/30/21	2	E10010	014963	50.00	2530.00
000204 Subtotal :							7992.50
000094 / AETNA	2082	08/30/21	1	08/2021	014966	AUGUST2021	20513.32
000094 Subtotal :							20513.32
000007 / VERIZON	2083	08/31/21	1	08202021	014968	9149494569	1241.44

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
						000007 Subtotal :	1241.44
000017 / GREATAMERICA FINANCIAL SERVICES	2084	08/31/21	1	29863306	014968	1462589000	184.99
						000017 Subtotal :	184.99
000034 / ALLSTATE MEDICAL	2086	08/31/21	2	0319430-IN	014968		172.59
	2086	08/31/21	2	0319743-IN	014968		68.55
	2086	08/31/21	2	0319877-IN	014968		213.93
	2086	08/31/21	2	0319901-IN	014968		236.26
	2086	08/31/21	2	0320214-IN	014968		883.25
	2086	08/31/21	2	0320571-IN	014968		226.93
	2086	08/31/21	2	0320657-IN	014968		236.45
	2086	08/31/21	2	0320889-IN	014968		2546.81
	2086	08/31/21	2	0321264-IN	014968		404.24
	2086	08/31/21	2	0322054-IN	014968		236.15
	2086	08/31/21	2	0322187-IN	014968		224.77
	2086	08/31/21	2	0322243-IN	014968		883.25
	2086	08/31/21	2	0322474-IN	014968		236.15
	2086	08/31/21	2	0322608-IN	014968		191.76
	2086	08/31/21	2	0322893-IN	014968		883.25
	2086	08/31/21	2	0322965-IN	014968		787.45
	2086	08/31/21	2	0323106-IN	014968		109.41
	2086	08/31/21	2	0323301-IN	014968		226.93
	2086	08/31/21	2	0323360-IN	014968		460.60
	2086	08/31/21	2	0323752-IN	014968		808.48
						000034 Subtotal :	10037.21
000039 / OPTIMUM	2087	08/31/21	1	08/2021	014968	AUGUST2021	3059.56
						000039 Subtotal :	3059.56
000089 / UPS	2088	08/31/21	1	7Y0524331	014968		81.25
	2088	08/31/21	1	7Y0524341	014968		50.35
						000089 Subtotal :	131.60
000119 / GEORGE MICHAELS	2089	08/31/21	1	08132021	014968	SUPPLIES	1135.96
						000119 Subtotal :	1135.96
000148 / CITY OF WHITE PLAINS	2090	08/31/21	1	835968	014968	0211-348-0	175.00
						000148 Subtotal :	175.00
000154 / DATAPATH CARD SERVICES. INC.	2091	08/31/21	1	08252021	014968		1500.00
						000154 Subtotal :	1500.00

Payment / Vendor Information	Check	Ck Date	Prity	Invoice	Session	Reference	Amount
000021 / ALBORO NATIONAL	2092	08/31/21	2	6678	014969	*V 08/31/21	2263.89
	2092	08/31/21	2	6717	014969	*V 08/31/21	2388.28
	2092	08/31/21	2	6756	014969	*V 08/31/21	2263.89
	2092	08/31/21	2	6790	014969	*V 08/31/21	2263.89
	2092	08/31/21	2	6832	014969	*V 08/31/21	2263.89
						000021 Subtotal :	0.00
000001 / HMM,CPAs LLP	2094	08/31/21	2	18289	014973	APRIL2021	5000.00
						000001 Subtotal :	5000.00
000028 / ANTHONY J. SALVATE M.D.	2095	08/31/21	1	08/2021	014973	AUGUST2021	3750.00
						000028 Subtotal :	3750.00
000071 / LONG TERM SOLUTIONS INC.	2096	08/31/21	2	20751	014973	MAY 2021	2230.00
						000071 Subtotal :	2230.00
000074 / LANGUAGE FUNDAMENTALS	2097	08/31/21	2	9423	014973	157.5834	12133.92
						000074 Subtotal :	12133.92
000062 / CHASE INK	26655	08/19/21	N	06202021	014961	JUNE 2021	25530.42
	26655	08/19/21	N	07/2021	014961	6/21-7/20	20892.62
						000062 Subtotal :	46423.04
000088 / HEALTH FACILITY ASSESSMENT FUND	08182021	08/18/21	N	07/2021	014939	C1292690	46217.00
						000088 Subtotal :	46217.00
000013 / MATRIXCARE INC.	08252021	08/25/21	N	INV5222705	014977	AUGUST2021	3319.93
						000013 Subtotal :	3319.93
000086 / LTC CONSULTING SERVICES	08262021	08/26/21	N	18446	015016	AUGUST2021	9600.00
						000086 Subtotal :	9600.00
						Total For Check Account:	10112000
							360306.70
Checking Account:	10114000						
000065 / PETTY CASH	1020	08/23/21	M	08232021	014978	5/28-8/3	703.60
						000065 Subtotal :	703.60
						Total For Check Account:	10114000
							703.60
						Check Register Total :	361010.30

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Checking Account: 10112000							
000108 / EPIC WHITE PLAINS RESIDENT FUNDS	159	09/30/21	M	09/2021	015038	SEPTEMBER	5314.90
000108 Subtotal :							5314.90
000040 / METLIFE GROUP BENEFITS	2081	09/01/21	2	09/2021	014964	0009	964.43
000040 Subtotal :							964.43
000021 / ALBORO NATIONAL	2093	09/01/21	2	6678	014971		2263.89
	2093	09/01/21	2	6717	014971		2388.28
	2093	09/01/21	2	6756	014971		2263.89
	2093	09/01/21	2	6790	014971		2263.89
	2093	09/01/21	2	6832	014971		2263.89
000021 Subtotal :							11443.84
000069 / CENTRAL CARE SOLUTIONS	2098	09/01/21	2	46345	014974	JUNE 2021	43251.01
	2098	09/01/21	2	46494	014974	JULY PPD	43586.05
000069 Subtotal :							86837.06
000018 / MEDLINE INDUSTRIES, INC.	2100	09/08/21	2	1943674684	014980		89.78
	2100	09/08/21	2	1943674685	014980		89.78
	2100	09/08/21	2	1943674687	014980		718.01
	2100	09/08/21	2	1943674688	014980		126.85
	2100	09/08/21	2	1943674689	014980		213.93
	2100	09/08/21	2	1943816537	014980		1075.99
	2100	09/08/21	2	1943816538	014980		165.07
	2100	09/08/21	2	1943982865	014980		65.01
	2100	09/08/21	2	1944152394	014980		505.52
	2100	09/08/21	2	1944297407	014980		1496.18
	2100	09/08/21	2	1944331446	014980		595.23
	2100	09/08/21	2	1944331452	014980		1654.43
	2100	09/08/21	2	1945055939	014980		331.70
	2100	09/08/21	2	1945084138	014980		299.97
	2100	09/08/21	2	1945084139	014980		10.85
	2100	09/08/21	2	1945084140	014980		77.60
	2100	09/08/21	2	1945084141	014980		33.83
	2100	09/08/21	2	1945084142	014980		42.20
	2100	09/08/21	2	1945084143	014980		2526.36
000018 Subtotal :							10118.29
000134 / COLLEEN M. MELVILLE	2101	09/08/21	1	06/2021	014980	JUNE2021	40.00

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	2101	09/08/21	1	07/2021	014980	JULY 2021	40.00
	2101	09/08/21	1	08/2021	014980	AUGUST2021	40.00
						000134 Subtotal :	120.00
000030 / ASSURED PARTNERS	2102	09/09/21	1	48726	014984	9THPAYMENT	3987.00
						000030 Subtotal :	3987.00
000081 / OPEN SYSTEMS METRO	2103	09/09/21	2	64707	014984		470.35
						000081 Subtotal :	470.35
000069 / CENTRAL CARE SOLUTIONS	2104	09/10/21	2	44759	014986	OCTOBER	22821.24
	2104	09/10/21	2	44951	014986	NOVEMBER	4364.46
						000069 Subtotal :	27185.70
000079 / OPRANDY'S FIRE & SAFETY, INC.	2105	09/10/21	2	59029	014986		435.94
						000079 Subtotal :	435.94
000018 / MEDLINE INDUSTRIES, INC.	2107	09/13/21	2	1945228368	014988		9.84
	2107	09/13/21	2	1945743262	014988		498.20
	2107	09/13/21	2	1945854144	014988		343.40
	2107	09/13/21	2	1945872597	014988		585.90
	2107	09/13/21	2	1945872800	014988		374.70
	2107	09/13/21	2	1945872803	014988		9.84
	2107	09/13/21	2	1945872807	014988		1931.56
	2107	09/13/21	2	1946011059	014988		46.79
	2107	09/13/21	2	1946016208	014988		231.76
	2107	09/13/21	2	1946175468	014988		55.80
	2107	09/13/21	2	1946479857	014988		660.62
	2107	09/13/21	2	1946628054	014988		261.40
	2107	09/13/21	2	1946628056	014988		2372.33
	2107	09/13/21	2	1946628058	014988		165.68
	2107	09/13/21	2	1946628060	014988		48.97
	2107	09/13/21	2	1946628061	014988		398.39
						000018 Subtotal :	7995.18
000027 / SUBURBAN BOWERY/DBA TIGERCHEF	2108	09/13/21	2	1103554	014988	*V 09/30/21	770.64
	2108	09/13/21	2	1109948	014988	*V 09/30/21	192.73
	2108	09/13/21	2	1125731	014988	*V 09/30/21	706.27
	2108	09/13/21	2	1129541	014988	*V 09/30/21	723.14
	2108	09/13/21	2	1136588	014988	*V 09/30/21	471.73

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	2108	09/13/21	2	1148545	014988	*V 09/30/21	224.64
						000027 Subtotal :	0.00
000063 / FIRST INSURANCE FUNDING	2109	09/13/21	2	93289098	014988	93289098	26729.53
						000063 Subtotal :	26729.53
000184 / MEMIC INDEMNITY COMPANY	2110	09/13/21	2	07182021	014988	3102805596	12031.90
						000184 Subtotal :	12031.90
000023 / SULLIVAN COUNTY LABS	2111	09/15/21	2	0000036431	014989	*V 10/26/21	669.00
	2111	09/15/21	2	0000038444	014989	*V 10/26/21	945.00
						000023 Subtotal :	0.00
000025 / GERIMEDIX, INC.	2112	09/15/21	2	1192945-IN	014989		1506.41
	2112	09/15/21	2	1192946-IN	014989		2161.61
	2112	09/15/21	2	1192947-IN	014989		27.00
	2112	09/15/21	2	1194475-IN	014989		3645.98
	2112	09/15/21	2	1194476-IN	014989		21.07
	2112	09/15/21	2	1195653-IN	014989		2265.01
						000025 Subtotal :	9627.08
000034 / ALLSTATE MEDICAL	2114	09/15/21	2	0324461-IN	014989		736.41
	2114	09/15/21	2	0325071-IN	014989		129.50
	2114	09/15/21	2	0325607-IN	014989		747.01
	2114	09/15/21	2	0325809-IN	014989		325.13
	2114	09/15/21	2	0325995-IN	014989		552.93
	2114	09/15/21	2	0326028-IN	014989		287.74
	2114	09/15/21	2	0326545-IN	014989		124.63
	2114	09/15/21	2	0326548-IN	014989		121.65
	2114	09/15/21	2	0326552-IN	014989		132.11
	2114	09/15/21	2	0326667-IN	014989		41.73
	2114	09/15/21	2	0326668-IN	014989		78.58
	2114	09/15/21	2	0327548-IN	014989		104.04
	2114	09/15/21	2	0327994-IN	014989		376.06
	2114	09/15/21	2	0328265-IN	014989		39.56
	2114	09/15/21	2	0328343-IN	014989		280.69
	2114	09/15/21	2	0328457-IN	014989		166.68
	2114	09/15/21	2	0328507-IN	014989		490.94
	2114	09/15/21	2	0328839-IN	014989		365.03
						000034 Subtotal :	5100.42
000078 / COZZINI BROTHERS,	2115	09/15/21	2	C9399032	014989		22.76

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INC.							
	2115	09/15/21	2	C9456790	014989		22.76
	2115	09/15/21	2	C9515784	014989		22.76
	2115	09/15/21	2	C9572605	014989		22.76
	2115	09/15/21	2	C9634262	014989		26.01
	2115	09/15/21	2	C9687547	014989		26.01
						000078 Subtotal :	143.06
000080 / INNOVATIVE WATER CONSULTING	2116	09/15/21	2	3388	014989		500.00
	2116	09/15/21	2	3657	014989	JAN-MARCH	1800.00
	2116	09/15/21	2	3787	014989		500.00
	2116	09/15/21	2	4023	014989	APRIL-JUNE	1800.00
						000080 Subtotal :	4600.00
000098 / SCHINDLER ELEVATOR CORPORATION	2117	09/15/21	2	8105608770	014989	MAY 2021	2200.98
	2117	09/15/21	2	8105633728	014989	JUNE 2021	2200.98
						000098 Subtotal :	4401.96
000111 / NATIONAL CARE SYSTEMS,LLC	2118	09/15/21	2	177718	014989		1625.63
	2118	09/15/21	2	178599	014989		1625.63
	2118	09/15/21	2	179415	014989		1625.63
						000111 Subtotal :	4876.89
000180 / CURRENT TECHNOLOGIES ELECTRONICS	2119	09/15/21	2	213837	014989	2/4/2021	875.00
						000180 Subtotal :	875.00
000192 / WHITE PLAINS HOSPITAL CENTER	2120	09/15/21	2	01012021	014989	DUARTETELL	132.21
						000192 Subtotal :	132.21
000196 / GOODHIRE	2121	09/15/21	2	09473005	014989	JUNE 2021	257.88
	2121	09/15/21	2	09473006	014989	JULY 2021	165.78
						000196 Subtotal :	423.66
000047 / SUBURBAN CARTING CO.	2122	09/15/21	2	783929	014993	JULY 2021	5961.36
						000047 Subtotal :	5961.36
000212 / LE LANDSCAPING SERVICES	2123	09/15/21	1	07312021	014993		4079.82
						000212 Subtotal :	4079.82
000148 / CITY OF WHITE	2124	09/16/21	1	E2021-299	014995		1200.00

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PLAINS							
						000148 Subtotal :	1200.00
000017 / GREATAMERICA FINANCIAL SERVICES	2125	09/21/21	1	30064025	015003	1462589000	241.35
						000017 Subtotal :	241.35
000087 / MDLIVE	2126	09/21/21	2	IGHEHC0035	015003	JULY 2021	27.00
	2126	09/21/21	2	IGHEHC0036	015003	AUGUST2021	27.00
						000087 Subtotal :	54.00
000089 / UPS	2127	09/21/21	1	7Y0524371	015003		18.76
						000089 Subtotal :	18.76
000169 / AETNA LIFE INSURANCE COMPANY	2128	09/21/21	1	241965	015003	*V 09/21/21	251.05
	2128	09/21/21	1	5069	015003	*V 09/21/21	255.00
						000169 Subtotal :	0.00
000228 / AFLAC	2129	09/21/21	1	793203	015003	AUGUST2021	3173.34
						000228 Subtotal :	3173.34
000010 / CON EDISON	2130	09/22/21	1	08052021	015018	5547969501	30462.51
						000010 Subtotal :	30462.51
000011 / CON EDISON	2131	09/22/21	1	08052021	015018	5547969701	2528.11
						000011 Subtotal :	2528.11
000019 / DYNALINK COMMUNICATIONS	2132	09/22/21	2	422739	015018	SEPTEMBER	1551.51
						000019 Subtotal :	1551.51
000020 / LABEL TAPE SYSTEM	2133	09/22/21	2	700215386	015018		291.90
	2133	09/22/21	2	700215389	015018		284.95
						000020 Subtotal :	576.85
000033 / ATLANTIC A PROGRAM OF DE LAGE	2134	09/22/21	1	73542702	015018	50258394	246.90
	2134	09/22/21	1	73648927	015018	50034540	855.08
						000033 Subtotal :	1101.98
000039 / OPTIMUM	2135	09/22/21	1	09/2021	015018	SEPTEMBER	3059.56
						000039 Subtotal :	3059.56
000073 / JOHNSON CONTROLS FIRE PROTECTION	2136	09/22/21	2	22208603	015018	5/21-3/22	910.35
						000073 Subtotal :	910.35
000085 / PREVENTIVE	2137	09/22/21	2	1539	015018	JULY 2020	2178.68

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DIAGNOSTICS, INC.							
	2137	09/22/21	2	1728	015018	AUGUST2020	2258.97
	2137	09/22/21	2	1892	015018	SEPTEMBER	2426.06
	2137	09/22/21	2	48746	015018	JUNE 2020	2126.60
						000085 Subtotal :	8990.31
000092 / PURCHASE POWER	2138	09/22/21	1	08222021	015018		301.50
						000092 Subtotal :	301.50
000095 / CROWN CARE SERVICES INC.	2139	09/22/21	2	35560	015018	APRIL 2021	180.00
	2139	09/22/21	2	36969	015018	MAY 2021	180.00
	2139	09/22/21	2	38891	015018	JUNE 2021	180.00
	2139	09/22/21	2	40592	015018	JULY2021	180.00
						000095 Subtotal :	720.00
000098 / SCHINDLER ELEVATOR CORPORATION	2140	09/22/21	2	8105661447	015018	JULY 2021	2200.98
						000098 Subtotal :	2200.98
000117 / PHARMSCRIPT,LLC	2141	09/22/21	2	IN00664078	015018	FEBRUARY	42443.91
						000117 Subtotal :	42443.91
000119 / GEORGE MICHAELS	2142	09/22/21	1	07/2021	015018	JULY 2021	40.00
	2142	09/22/21	1	08/2021	015018	AUGUST2021	40.00
	2142	09/22/21	1	09/2021	015018	SEPTEMBER	40.00
						000119 Subtotal :	120.00
000121 / RELIAS LLC	2143	09/22/21	2	SI-235135	015018	APRIL2021	709.12
	2143	09/22/21	2	SI-236887	015018	APRIL 2021	2352.86
	2143	09/22/21	2	SI-237788	015018	MAY 2021	1635.57
	2143	09/22/21	2	SI-242016	015018	JUNE 2021	1635.57
	2143	09/22/21	2	SI-246185	015018	JULY 2021	1635.57
						000121 Subtotal :	7968.69
000134 / COLLEEN M. MELVILLE	2144	09/22/21	1	09/2021	015018	SEPTEMBER	40.00
						000134 Subtotal :	40.00
000150 / HD SUPPLY FACILITIES MAINTENANCE	2145	09/22/21	2	9191365185	015018		312.00
						000150 Subtotal :	312.00
000169 / AETNA LIFE INSURANCE COMPANY	2146	09/22/21	1	241965	015018	AUGUST2021	251.05
						000169 Subtotal :	251.05
000174 / DIRECT SUPPLY, INC	2147	09/22/21	2	29618685	015018		498.42

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						000174 Subtotal :	498.42
000177 / DRB BENEFIT GROUP	2148	09/22/21	2	5068	015018	JULY2021	251.25
	2148	09/22/21	2	5069	015018	AUGUST2021	255.00
						000177 Subtotal :	506.25
000192 / WHITE PLAINS HOSPITAL CENTER	2149	09/22/21	1	WS00671763	015018	J.HENRY	3.80
	2149	09/22/21	1	WS00674703	015018	L.WILLIAMS	38.09
						000192 Subtotal :	41.89
000202 / DE LAGE LANDEN FINANCIAL SERVICES	2150	09/22/21	1	73542702	015018	50258394	246.90
						000202 Subtotal :	246.90
000224 / WENDY DALLAS	2151	09/22/21	1	08/2021	015018	AUGUST2021	40.00
	2151	09/22/21	1	09/2021	015018	SEPTEMBER	40.00
						000224 Subtotal :	80.00
000231 / HOFMAN'S GLASS & STOREFRONT	2152	09/22/21	2	2763	015018		2734.13
						000231 Subtotal :	2734.13
000235 / NORTH SHORE HEM ONC	2153	09/22/21	1	EMM07311	015018	J.TORO	29.86
	2153	09/22/21	1	EMM073111	015018	J.TORO	42.31
						000235 Subtotal :	72.17
000236 / NORTH SHORE LIJ MEDICAL	2154	09/22/21	1	P86158343	015018	WILGERMEIN	103.74
						000236 Subtotal :	103.74
000237 / NORTHERN WESTCHESTER HOSPITAL	2155	09/22/21	1	MN00667493	015018	A.PERRI	38.92
						000237 Subtotal :	38.92
000238 / LOU PATRICK ENTERTAINMENT	2156	09/22/21	1	08042021	015018	8/4/2021	125.00
	2156	09/22/21	1	08252021	015018	AUG252021	175.00
						000238 Subtotal :	300.00
000239 / MICHELLE COHEN	2157	09/22/21	1	08082021	015018	8/8/2021	412.50
	2157	09/22/21	1	08202021	015018	8/15-8/20	1581.25
	2157	09/22/21	1	09022021	015018	9/2/2021	412.50
						000239 Subtotal :	2406.25
000240 / SUE LARSEN	2158	09/22/21	1	08262021	015018	8/26/2021	125.00
						000240 Subtotal :	125.00
000233 / HUDSON VALLEY	2159	09/23/21	2	E04526	015021		1389.80

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
DOOR & HARDWARE							
000233 Subtotal :							1389.80
000001 / HMM,CPAs LLP	2160	09/28/21	2	18601	015029	MARCH2021	3791.25
	2160	09/28/21	2	18636	015029	DATA INPUT	700.00
000001 Subtotal :							4491.25
000028 / ANTHONY J. SALVATE M.D.	2161	09/28/21	1	09/2021	015029	SEPTEMBER	3750.00
000028 Subtotal :							3750.00
000071 / LONG TERM SOLUTIONS INC.	2162	09/28/21	2	20872	015029	JUNE 2021	1795.00
000071 Subtotal :							1795.00
000074 / LANGUAGE FUNDAMENTALS	2163	09/28/21	2	9517	015029	189.25	14572.25
000074 Subtotal :							14572.25
000102 / GUARDIAN	2164	09/28/21	1	09/2021	015029	00009	6146.50
000102 Subtotal :							6146.50
000221 / DIMAPILIS DAUZ BUSINESS GROUP, LL	2165	09/28/21	1	20210882	015029		2272.50
	2165	09/28/21	1	219013	015029		3585.00
000221 Subtotal :							5857.50
000026 / NET HEALTH SYSTEMS, INC	2168	09/28/21	2	IN328957	015031	MAY 2021	416.97
	2168	09/28/21	2	IN344277	015031	JUNE 2021	416.97
	2168	09/28/21	2	IN359161	015031		416.97
	2168	09/28/21	2	IN376084	015031		416.97
000026 Subtotal :							1667.88
000062 / CHASE INK	8332349	09/22/21	N	08/2021	015020	7/21-8/20	4134.61
000062 Subtotal :							4134.61
000088 / HEALTH FACILITY ASSESSMENT FUND	09172021	09/17/21	N	08/2021	014996	C1297364	49736.00
000088 Subtotal :							49736.00
000086 / LTC CONSULTING SERVICES	09242021	09/24/21	N	18700	015053	SEPTEMBER	9600.00
000086 Subtotal :							9600.00
000013 / MATRIXCARE INC.	09272021	09/27/21	N	INV5229520	015054	SEPTEMBER	3319.93
000013 Subtotal :							3319.93
Total For Check Account: 10112000							455696.73

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Checking Account:	10114000						
000065 / PETTY CASH	1021	09/22/21	M	09222021	015035	SEPTEMBER	584.21
						000065 Subtotal :	584.21
						Total For Check Account: 10114000	584.21
						Check Register Total :	456280.94

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Checking Account: 10112000							
000014 / INDENTOGO	160	10/01/21	M	10012021	015055		102.00
						000014 Subtotal :	102.00
	161	10/01/21	M	10/1/2021	015055		102.00
						000014 Subtotal :	102.00
	162	10/01/21	M	20211001	015055		102.00
						000014 Subtotal :	102.00
	163	10/06/21	M	10062021	015055		102.00
						000014 Subtotal :	102.00
	164	10/06/21	M	6102021	015055		102.00
						000014 Subtotal :	102.00
000252 / NEW YORK DEPT. OF HEALTH	165	10/25/21	M	PFI0Y601	015113		200.00
						000252 Subtotal :	200.00
000251 / NEW YORK STATE DEPT. OF HEALTH	167	10/25/21	M	10252021	015113	03A3965	100.00
						000251 Subtotal :	100.00
000108 / EPIC WHITE PLAINS RESIDENT FUNDS	169	10/31/21	M	10/2021	015114	OCTOBER	1826.40
						000108 Subtotal :	1826.40
000021 / ALBORO NATIONAL	2166	10/01/21	2	6871	015030		2263.89
	2166	10/01/21	2	6907	015030		2388.28
	2166	10/01/21	2	6939	015030		2263.89
	2166	10/01/21	2	6973	015030		2263.89
						000021 Subtotal :	9179.95
000040 / METLIFE GROUP BENEFITS	2167	10/01/21	2	10/2021	015030	00009	831.46
						000040 Subtotal :	831.46
000007 / VERIZON	2169	10/04/21	1	09202021	015041	9149494569	1213.34
						000007 Subtotal :	1213.34
000033 / ATLANTIC A PROGRAM OF DE LAGE	2170	10/04/21	1	73968357	015041	50034540	897.84
						000033 Subtotal :	897.84
000094 / AETNA	2171	10/04/21	1	09/2021	015041	0837189	16203.39
	2171	10/04/21	1	7/2021	015041	COMMISSION	190.03
						000094 Subtotal :	16393.42
000172 / PIERRE NOEL	2172	10/04/21	1	09232021	015041	TRAVEL	317.23

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000172 Subtotal :							317.23
000202 / DE LAGE LANDEN FINANCIAL SERVICES	2173	10/04/21	1	73925406	015041	50258394	246.90
000202 Subtotal :							246.90
000239 / MICHELLE COHEN	2174	10/04/21	1	09122021	015041	SEPT.12TH	412.50
	2174	10/04/21	1	09262021	015041	SEPT26TH	412.50
000239 Subtotal :							825.00
000241 / SG REHAB.,INC	2175	10/04/21	1	09242021	015041	SEPT242021	206.25
000241 Subtotal :							206.25
000242 / GEM MEDICAL DISTRIBUTORS	2176	10/05/21	1	237	015043	RAPIDTEST	6032.68
000242 Subtotal :							6032.68
000034 / ALLSTATE MEDICAL	2177	10/08/21	2	0329213-IN	015044		75.26
	2177	10/08/21	2	0329226-IN	015044		226.93
	2177	10/08/21	2	0329646-IN	015044		286.11
	2177	10/08/21	2	0329683-IN	015044	WHEELCHAIR	1446.81
000034 Subtotal :							2035.11
000047 / SUBURBAN CARTING CO.	2178	10/08/21	2	788250	015044	JULY 2021	5961.36
000047 Subtotal :							5961.36
000140 / NEXUS HEALTH RESOURCES, INC.	2179	10/08/21	2	1796	015044	JUNE 2021	148.70
	2179	10/08/21	2	1815	015044	JULY 2021	129.50
	2179	10/08/21	2	1839	015044	AUGUST2021	1129.50
	2179	10/08/21	2	1861	015044		147.65
000140 Subtotal :							1555.35
000001 / HMM,CPAs LLP	2180	10/13/21	1	16662	015049	1585	500.00
000001 Subtotal :							500.00
000010 / CON EDISON	2181	10/14/21	1	09032021	015057	9/3-10/5	27801.37
000010 Subtotal :							27801.37
000011 / CON EDISON	2182	10/14/21	1	09032021	015057	9/3-10/5	2613.85
000011 Subtotal :							2613.85
000025 / GERIMEDIX, INC.	2183	10/14/21	2	1196977-IN	015057		3184.06
	2183	10/14/21	2	1198001-IN	015057		2639.74
	2183	10/14/21	2	1199210-IN	015057		5781.35
	2183	10/14/21	2	1199211-IN	015057		92.31
	2183	10/14/21	2	1199212-IN	015057		50.40

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	2183	10/14/21	2	1200650-IN	015057		2615.22
	2183	10/14/21	2	1202002-IN	015057		2700.11
	2183	10/14/21	2	1202003-IN	015057		7.48
	2183	10/14/21	2	1202004-IN	015057		40.58
	2183	10/14/21	2	1202005-IN	015057		18.12
	2183	10/14/21	2	1203592-IN	015057		3137.15
						000025 Subtotal :	20266.52
000089 / UPS	2184	10/14/21	1	7Y0524381	015057		24.80
						000089 Subtotal :	24.80
000092 / PURCHASE POWER	2185	10/14/21	1	09222021	015057		450.55
						000092 Subtotal :	450.55
000119 / GEORGE MICHAELS	2186	10/14/21	1	10082021	015057	EXPENSE	1317.27
						000119 Subtotal :	1317.27
000124 / MAJESTIC AWNING & SIGN	2187	10/14/21	1	129696	015057	REPAIR	1059.41
						000124 Subtotal :	1059.41
000239 / MICHELLE COHEN	2188	10/14/21	1	10032021	015057	OCT3RD2021	412.50
						000239 Subtotal :	412.50
000244 / RABBI TAMAR CRYSTAL	2189	10/14/21	1	09102021	015057	ROSHHASHAN	200.00
						000244 Subtotal :	200.00
000245 / JOHNNY DARE MUSIC LTD	2190	10/14/21	1	09292021	015057	SEPT29TH	150.00
						000245 Subtotal :	150.00
000019 / DYNALINK COMMUNICATIONS	2191	10/18/21	2	427901	015063	OCTOBER	2216.91
						000019 Subtotal :	2216.91
000026 / NET HEALTH SYSTEMS, INC	2192	10/18/21	2	IN391818	015063	SEPTEMBER	416.97
						000026 Subtotal :	416.97
000089 / UPS	2193	10/18/21	1	7Y0524411	015063		17.15
						000089 Subtotal :	17.15
000039 / OPTIMUM	2194	10/21/21	1	10/2021	015073	10/8-11/7	3065.13
						000039 Subtotal :	3065.13
000055 / ACUTE CARE GASES	2196	10/21/21	2	31189	015073		47.50
	2196	10/21/21	2	31355	015073		40.00
	2196	10/21/21	2	31520	015073		32.50

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	2196	10/21/21	2	31657	015073		57.50
	2196	10/21/21	2	31927	015073		50.00
	2196	10/21/21	2	32028	015073		400.00
	2196	10/21/21	2	32098	015073		175.00
	2196	10/21/21	2	32168	015073		115.00
	2196	10/21/21	2	32282	015073		175.00
	2196	10/21/21	2	32297	015073		145.00
	2196	10/21/21	2	32459	015073		90.00
	2196	10/21/21	2	32609	015073		115.00
	2196	10/21/21	2	32802	015073		80.00
	2196	10/21/21	2	R19949	015073	RENTALS	76.26
	2196	10/21/21	2	R19950	015073	RENTALS	254.82
	2196	10/21/21	2	R19951	015073	RENTALS	76.26
	2196	10/21/21	2	R19952	015073	RENTALS	230.16
	2196	10/21/21	2	R20519	015073	RENTALS	125.85
	2196	10/21/21	2	R20520	015073	RENTALS	73.80
	2196	10/21/21	2	R20521	015073	RENTALS	49.32
	2196	10/21/21	2	R20522	015073	RENTALS	246.60
	2196	10/21/21	2	R20523	015073	RENTALS	73.80
	2196	10/21/21	2	R20524	015073	RENTALS	246.60
	2196	10/21/21	2	R20525	015073	RENTALS	56.70
						000055 Subtotal :	3032.67
000143 / MASSIVE DBA BLACK SEA TRANSPORTAT	2197	10/21/21	2	210630	015073	JUNE2021	785.00
	2197	10/21/21	2	210731	015073	JULY 2021	1520.00
	2197	10/21/21	2	210930	015073	AUG-SEPT	2280.00
						000143 Subtotal :	4585.00
000183 / GRAINGER	2198	10/21/21	2	9009037970	015073		282.55
	2198	10/21/21	2	9023199608	015073		531.74
	2198	10/21/21	2	9026533837	015073		58.78
	2198	10/21/21	2	9036503903	015073		158.29
						000183 Subtotal :	1031.36
000184 / MEMIC INDEMNITY COMPANY	2199	10/21/21	2	07182021	015073	3102805596	12031.90
						000184 Subtotal :	12031.90
000234 / RICHARD GREENOP	2200	10/21/21	1	07292021	015073	JULY29TH	125.00
						000234 Subtotal :	125.00
000238 / LOU PATRICK ENTERTAINMENT	2201	10/21/21	1	09022021	015073	SEPT2ND	175.00

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**Epic Rehab and Nursing White Plains
Complete Check Register
Current and History Files, 10/01/21 to 10/31/21
All Accounts, Sessions 000000 to 015133 All Checks**

Payment / Vendor Information	Check	Ck Date	Prity	Invoice	Session	Reference	Amount
	2201	10/21/21	1	09152021	015073	SEPT15TH	175.00
	2201	10/21/21	1	09222021	015073	SEPT 22ND	175.00
						000238 Subtotal :	525.00
000247 / DEUCES WILD ENTERTAINMENT	2202	10/21/21	1	08042021	015073	AUG.4TH	125.00
	2202	10/21/21	1	08132021	015073	AUG.13TH	175.00
	2202	10/21/21	1	08182021	015073	AUG.18TH	175.00
	2202	10/21/21	1	09082021	015073	SESPT8TH	175.00
						000247 Subtotal :	650.00
000248 / GERARD CORBETT	2203	10/21/21	1	09302021	015073	SEPT.30TH	125.00
						000248 Subtotal :	125.00
000113 / APPROVED STORAGE & WASTE HAULING,	2204	10/21/21	2	180707	015077	MAY 2021	59.61
	2204	10/21/21	2	184557	015077	JUNE 2021	103.50
	2204	10/21/21	2	190548	015077	AUGUST2021	63.47
						000113 Subtotal :	226.58
000034 / ALLSTATE MEDICAL	2208	10/21/21	2	0328478-IN	015080	RAILS	4790.18
	2208	10/21/21	2	0329775-IN	015080		380.05
	2208	10/21/21	2	0329968-IN	015080		253.06
	2208	10/21/21	2	0330411-IN	015080		550.55
	2208	10/21/21	2	0330606-IN	015080		399.91
	2208	10/21/21	2	0331279-IN	015080		921.19
	2208	10/21/21	2	0331674-IN	015080		692.46
	2208	10/21/21	2	0331718-IN	015080		910.35
	2208	10/21/21	2	0331770-IN	015080		795.69
	2208	10/21/21	2	0331926-IN	015080		383.65
	2208	10/21/21	2	0332247-IN	015080		516.95
	2208	10/21/21	2	0332286-IN	015080		305.62
	2208	10/21/21	2	0332324-IN	015080		386.22
	2208	10/21/21	2	0332397-IN	015080		175.57
	2208	10/21/21	2	0332856-IN	015080		87.68
	2208	10/21/21	2	0333012-IN	015080	REHAB	189.55
	2208	10/21/21	2	0333121-IN	015080		108.38
	2208	10/21/21	2	0337206-IN	015080		621.70
	2208	10/21/21	2	0337420-IN	015080		104.59
	2208	10/21/21	2	0337763-IN	015080		37.82
	2208	10/21/21	2	0338815-IN	015080		172.87
	2208	10/21/21	2	0338862-IN	015080		7785.66
	2208	10/21/21	2	0339138-IN	015080		197.25
	2208	10/21/21	2	0339255-IN	015080		169.81

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Epic Rehab and Nursing White Plains
Complete Check Register
Current and History Files, 10/01/21 to 10/31/21
All Accounts, Sessions 000000 to 015133 All Checks

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
	2208	10/21/21	2	0339574-IN	015080		113.32
	2208	10/21/21	2	0339877-IN	015080	WHEELCHAIR	883.25
	2208	10/21/21	2	0340260-IN	015080		73.97
	2208	10/21/21	2	0340317-IN	015080		80.20
	2208	10/21/21	2	0340439-IN	015080		221.09
	2208	10/21/21	2	0340545-IN	015080	WHEELCHAIR	1536.76
	2208	10/21/21	2	0340907-IN	015080		234.09
	2208	10/21/21	2	0340955-IN	015080		583.27
	2208	10/21/21	2	0341203-IN	015080	WHEELCHAIR	2996.57
	2208	10/21/21	2	0341316-IN	015080		275.27
	2208	10/21/21	2	0341852-IN	015080		977.55
	2208	10/21/21	2	0342218-IN	015080		99.17
	2208	10/21/21	2	0342245-IN	015080		35.71
	2208	10/21/21	2	0342485-IN	015080		80.20
	2208	10/21/21	2	0342833-IN	015080		1012.28
	2208	10/21/21	2	0342835-IN	015080		15.12
	2208	10/21/21	2	0343247-IN	015080		222.17
	2208	10/21/21	2	0343717-IN	015080		149.56
	2208	10/21/21	2	0343962-IN	015080	BEDSPREAD	3373.72
	2208	10/21/21	2	0344222-IN	015080		124.51
	2208	10/21/21	2	0344331-IN	015080		329.95
	2208	10/21/21	2	0344390-IN	015080		268.83
	2208	10/21/21	2	0344645-IN	015080		281.78
	2208	10/21/21	2	0344970-IN	015080		185.87
000034 Subtotal :							35090.97
000155 / MEDFIRST STAFFING SERVICES, INC.	2210	10/21/21	2	1058	015080	3/1-3/7	2500.00
	2210	10/21/21	2	1059	015080	3/8-3/14	2500.00
	2210	10/21/21	2	1060	015080	3/15-3/21	2500.00
	2210	10/21/21	2	1061	015080	3/22-3/28	2500.00
	2210	10/21/21	2	1062	015080	3/29-4/4	2500.00
	2210	10/21/21	2	1063	015080	4/5-4/11	2500.00
	2210	10/21/21	2	1064	015080	4/12-4/18	2500.00
	2210	10/21/21	2	1065	015080	4/19-4/25	2500.00
	2210	10/21/21	2	1066	015080	4/27-5/2	2500.00
	2210	10/21/21	2	1067	015080	5/3-5/9	2500.00
	2210	10/21/21	2	1068	015080	5/10-5/16	2500.00
	2210	10/21/21	2	1069	015080	5/17-5/23	2500.00
	2210	10/21/21	2	1070	015080	5/24-5/30	2500.00
	2210	10/21/21	2	1071	015080	5/31-6/6	2500.00

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
	2210	10/21/21	2	1072	015080	6/7-6/13	2500.00
	2210	10/21/21	2	1073	015080	6/14-6/20	2500.00
	2210	10/21/21	2	1074	015080	6/21-6/27	2500.00
	2210	10/21/21	2	1075	015080	6/28-7/4	2500.00
	2210	10/21/21	2	1076	015080	7/5-7/11	2500.00
	2210	10/21/21	2	1077	015080	7/12-7/18	2500.00
	000155 Subtotal :						50000.00
000193 / MICHELMAN & ROBINSON, LLP	2211	10/21/21	2	167703	015080	SEPT.2020	26524.00
	2211	10/21/21	2	168460	015080	OCT.2020	23476.00
	000193 Subtotal :						50000.00
	2212	10/22/21	2	168460	015081	OCT.2020	35539.00
	2212	10/22/21	2	169306	015081	NOV.2020	14461.00
000193 Subtotal :						50000.00	
000018 / MEDLINE INDUSTRIES, INC.	2214	10/25/21	2	1947292873	015085		214.00
	2214	10/25/21	2	1947292875	015085		82.89
	2214	10/25/21	2	1947292876	015085		12.90
	2214	10/25/21	2	1947447752	015085		2001.23
	2214	10/25/21	2	1947447759	015085		455.86
	2214	10/25/21	2	1947447763	015085		398.39
	2214	10/25/21	2	1947447766	015085		12.90
	2214	10/25/21	2	1947634823	015085		345.61
	2214	10/25/21	2	1948492972	015085		345.61
	2214	10/25/21	2	1948744846	015085		569.51
	2214	10/25/21	2	1948744848	015085		147.66
	2214	10/25/21	2	1948890411	015085		1211.92
	2214	10/25/21	2	1948890412	015085		52.32
	2214	10/25/21	2	1948890413	015085		57.29
	2214	10/25/21	2	1948923867	015085		111.60
	2214	10/25/21	2	1949063214	015085		71.96
	2214	10/25/21	2	1949063215	015085		173.67
	2214	10/25/21	2	1949396441	015085		1266.69
	2214	10/25/21	2	1949396443	015085		12.90
	2214	10/25/21	2	1949459325	015085		1601.03
	2214	10/25/21	2	1950043074	015085		928.11
	2214	10/25/21	2	1950732032	015085		220.22
	2214	10/25/21	2	1951662608	015085		628.28
	2214	10/25/21	2	1953520673	015085		58.08
	000018 Subtotal :						10980.63

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
000185 / CONDRA AND ASSOCIATES	2215	10/25/21	1	09222021	015085	PHASE#3	7500.00
						000185 Subtotal :	7500.00
000102 / GUARDIAN	2216	10/26/21	1	10/2021	015087	00009	5574.18
						000102 Subtotal :	5574.18
000136 / DAILY NEWS	2217	10/26/21	2	08252021	015087		259.83
						000136 Subtotal :	259.83
000001 / HMM,CPAs LLP	2219	10/26/21	2	18681	015089	MAY 2021	5000.00
						000001 Subtotal :	5000.00
	2221	10/27/21	2	18857	015096		2507.50
	2221	10/27/21	2	19262	015096	MAY 2021	2242.50
						000001 Subtotal :	4750.00
000023 / SULLIVAN COUNTY LABS	2222	10/27/21	2	0000038444	015096	7/23/2021	945.00
						000023 Subtotal :	945.00
000042 / SHELTERPOINT LIFE	2223	10/27/21	2	7-9-2021	015096	JULY-SEPT	16274.23
						000042 Subtotal :	16274.23
000168 / WESTCHESTER MEDICAL CENTER	2224	10/27/21	2	0000567127	015096	T.POWRIE	78.46
	2224	10/27/21	2	0000995340	015096	DELLAPENA	115.18
						000168 Subtotal :	193.64
000169 / AETNA LIFE INSURANCE COMPANY	2225	10/27/21	2	242282	015096	SEPTEMBER	251.05
						000169 Subtotal :	251.05
000177 / DRB BENEFIT GROUP	2226	10/27/21	2	5075	015096	SEPTEMBER	255.00
						000177 Subtotal :	255.00
000191 / WESTMED MEDICAL GROUP P.C.	2227	10/27/21	2	W22393008	015096	B.SIMPSON	437.93
						000191 Subtotal :	437.93
000192 / WHITE PLAINS HOSPITAL CENTER	2228	10/27/21	2	W000150496	015096	T.SMITH	1435.88
						000192 Subtotal :	1435.88
000196 / GOODHIRE	2229	10/27/21	2	09473007	015096	AUGUST2021	211.04
						000196 Subtotal :	211.04
000225 / K PILLAY CORP.	2230	10/27/21	1	10162021	015096	OCT.16TH	412.50
	2230	10/27/21	1	10242021	015096	OCT.24TH	412.50
						000225 Subtotal :	825.00

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
000228 / AFLAC	2231	10/27/21	2	813495	015096	SEPTEMBER	3133.74
000228 Subtotal :							3133.74
000236 / NORTH SHORE LIJ MEDICAL	2232	10/27/21	2	P91528683	015096	WILGERMEIN	10.44
000236 Subtotal :							10.44
000239 / MICHELLE COHEN	2233	10/27/21	1	10172021	015096	OCT.17TH	412.50
	2233	10/27/21	1	10242021	015096	OCT.24TH	412.50
000239 Subtotal :							825.00
000243 / COLUMBIADOCTORS	2234	10/27/21	2	1224563283	015096	J.VOLPE	61.87
	2234	10/27/21	2	1255502530	015096	PLOTKIN	39.38
	2234	10/27/21	2	1257182050	015096	J.VOLPE	44.30
000243 Subtotal :							145.55
000246 / CERAMICS F & S	2235	10/27/21	2	0000075	015096	COUNTERTOP	300.00
000246 Subtotal :							300.00
000249 / KAYLADOSCOPE INC.	2236	10/27/21	1	10/11-15	015096	OCT11-15TH	1295.00
	2236	10/27/21	1	10/18-21	015096	OCT18-21	787.50
000249 Subtotal :							2082.50
000119 / GEORGE MICHAELS	2237	10/27/21	1	10/2021	015098	OCTOBER	40.00
000119 Subtotal :							40.00
000134 / COLLEEN M. MELVILLE	2238	10/27/21	1	10/2021	015098	OCTOBER	40.00
000134 Subtotal :							40.00
000224 / WENDY DALLAS	2239	10/27/21	1	10/2021	015098	OCTOBER	40.00
000224 Subtotal :							40.00
000007 / VERIZON	2240	10/28/21	1	10202021	015102	9149494569	1230.83
000007 Subtotal :							1230.83
000017 / GREATAMERICA FINANCIAL SERVICES	2241	10/28/21	1	30262103	015102	1462589000	184.99
000017 Subtotal :							184.99
000089 / UPS	2242	10/28/21	1	7Y0524421	015102		18.64
000089 Subtotal :							18.64
000177 / DRB BENEFIT GROUP	2243	10/28/21	1	5079	015102	OCTOBER	262.50
000177 Subtotal :							262.50
000202 / DE LAGE LANDEN FINANCIAL SERVICES	2244	10/28/21	1	74254271	015102	50258394	236.11
000202 Subtotal :							236.11

Payment / Vendor Information	Check	Ck Date	Prty	Invoice	Session	Reference	Amount
000228 / AFLAC	2245	10/28/21	1	833710	015102	OCTOBER	3206.58
000228 Subtotal :							3206.58
000117 / PHARMScript,LLC	2246	10/28/21	2	000676636	015103	*V 10/28/21	36904.50
000117 Subtotal :							0.00
	2247	10/28/21	2	IN00599716	015105	MARCH2021	18673.64
000117 Subtotal :							18673.64
000094 / AETNA	2248	10/28/21	1	10/2021	015107	0837189	25746.81
000094 Subtotal :							25746.81
000069 / CENTRAL CARE SOLUTIONS	2249	10/28/21	2	46690	015108	AUGUSTPPD	40921.20
000069 Subtotal :							40921.20
000088 / HEALTH FACILITY ASSESSMENT FUND	10192021	10/19/21	N	09/2021	015082	C1302561	46480.00
000088 Subtotal :							46480.00
000086 / LTC CONSULTING SERVICES	10212021	10/21/21	N	18971	015112	OCTOBER	9600.00
000086 Subtotal :							9600.00
000013 / MATRIXCARE INC.	10252021	10/25/21	N	INV5236752	015110	OCTOBER	3319.93
000013 Subtotal :							3319.93
Total For Check Account:						10112000	527660.07
Checking Account:	10114000						
000065 / PETTY CASH	1022	10/15/21	M	10152021	015091		576.58
000065 Subtotal :							576.58
Total For Check Account:						10114000	576.58
Check Register Total :							528236.65

Exhibit B

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Epic Rehab and Nursing White Plains
General Ledger Detail Report
From 2020 to 2020

For Account 20137000 Through 20138800

Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number	Account Description		Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.
20137000	Due to/from Waters Edge										
Beginning Balance											\$ 5,796.16
11/30/20	AP						000310	000310	\$ 1,426.46	\$ 0.00	\$ 7,222.62
12/31/20	AP						000333	000333	\$ 2,009.51	\$ 0.00	\$ 9,232.13
12/31/20	GL					Reverse 12/19 interco- not on WE books	000360	000360	\$ 98.89	\$ 0.00	\$ 9,331.02
Account Total:											
Begin. Bal. :	\$	5,796.16	Net Change:	\$	3,534.86	\$	3,534.86	\$	0.00	\$	9,331.02
20137200	Due to/from EPIC Management										
Beginning Balance											(\$ 22,600.86)
12/31/20	GL					Record nterco trfs	000328	000328	\$ 0.00	\$ 199.54	(\$ 22,800.40)
12/31/20	AP						000333	000333	\$ 194.85	\$ 0.00	(\$ 22,605.55)
12/31/20	GL					Record Epic interco 5-19	000358	000358	\$ 0.00	\$ 301.68	(\$ 22,907.23)
Account Total:											
Begin. Bal. :	(\$	22,600.86)	Net Change:	(\$	306.37)	\$	194.85	\$	501.22	(\$	22,907.23)
20137300	Due to/from EPIC Senior										
Beginning Balance											(\$ 173,343.60)
11/30/20	GL					Record interco trfs	000305	000305	\$ 0.00	\$ 224.00	(\$ 173,567.60)
Account Total:											
Begin. Bal. :	(\$	173,343.60)	Net Change:	(\$	224.00)	\$	0.00	\$	224.00	(\$	173,567.60)
20137500	Due to/from Salem Hills										
Beginning Balance											(\$ 93,482.66)
11/30/20	GL					Record nov health ins adj	000306	000306	\$ 0.00	\$ 30,000.00	(\$ 123,482.66)
11/30/20	AP						000310	000310	\$ 1,426.46	\$ 0.00	(\$ 122,056.20)
11/30/20	GL					Record SH interco- C. Bockis	000315	000315	\$ 0.00	\$ 170.17	(\$ 122,226.37)
11/30/20	GL					Record SH interco- L. O'Connor	000315	000315	\$ 0.00	\$ 120.12	(\$ 122,346.49)
12/31/20	AP						000333	000333	\$ 2,009.56	\$ 0.00	(\$ 120,336.93)
12/31/20	GL					AJE#14 adj and record prior yr interco	000412	000412	\$ 2,538.48	\$ 0.00	(\$ 117,798.45)
Account Total:											
Begin. Bal. :	(\$	93,482.66)	Net Change:	(\$	24,315.79)	\$	5,974.50	\$	30,290.29	(\$	117,798.45)
20138000	Due to/from SkyView										
Beginning Balance											(\$ 8,711,075.25)
11/30/20	GL					Record interco trfs	000305	000305	\$ 20,000.00	\$ 0.00	(\$ 8,691,075.25)
11/30/20	GL					Record interco trfs	000305	000305	\$ 745.09	\$ 0.00	(\$ 8,690,330.16)
11/30/20	GL					Record skyview interco	000306	000306	\$ 0.00	\$ 1,950.62	(\$ 8,692,280.78)
11/30/20	GL					Record skyview interco	000306	000306	\$ 0.00	\$ 4,296.87	(\$ 8,696,577.65)
11/30/20	GL					Record skyview interco	000306	000306	\$ 0.00	\$ 7,291.88	(\$ 8,703,869.53)

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Epic Rehab and Nursing White Plains
General Ledger Detail Report
From 2020 to 2020

For Account 20137000 Through 20138800

Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number	Account Description							
Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.
11/30/20	GL		Record Nov cash receipts	000309	000309	\$ 0.00	\$ 58,000.00	(\$ 8,761,869.53)
11/30/20	AP			000310	000310	\$ 10,276.46	\$ 0.00	(\$ 8,751,593.07)
12/31/20	GL		Record Skyview interco- masks, face shields, gowns	000323	000323	\$ 0.00	\$ 20,208.03	(\$ 8,771,801.10)
12/31/20	GL		Record Skyview interco- Nov	000323	000323	\$ 0.00	\$ 11,397.98	(\$ 8,783,199.08)
12/31/20	GL		Record interco trfs	000328	000328	\$ 167,000.00	\$ 0.00	(\$ 8,616,199.08)
12/31/20	GL		Record Dec cash receipts	000329	000329	\$ 0.00	\$ 190,000.00	(\$ 8,806,199.08)
12/31/20	GL		Record Dec health ins adj	000330	000330	\$ 0.00	\$ 25,000.00	(\$ 8,831,199.08)
12/31/20	AP			000333	000333	\$ 2,609.56	\$ 0.00	(\$ 8,828,589.52)
12/31/20	GL		Record Skyview Dec interco	000336	000336	\$ 0.00	\$ 1,880.28	(\$ 8,830,469.80)

Account Total:

Begin. Bal. : (\$ 8,711,075.25) Net Change: (\$ 119,394.55) \$ 200,631.11 \$ 320,025.66 (\$ 8,830,469.80)

20138100	Due to/from Montgomery NH							
Beginning Balance								\$ 34,727.89
11/30/20	AP			000310	000310	\$ 11,835.45	\$ 0.00	\$ 46,563.34
12/31/20	AP			000333	000333	\$ 4,886.04	\$ 0.00	\$ 51,449.38

Account Total:

Begin. Bal. : \$ 34,727.89 Net Change: \$ 16,721.49 \$ 16,721.49 \$ 0.00 \$ 51,449.38

20138200	Due to/from Putnam							
Beginning Balance								(\$ 118,885.58)
11/30/20	AP			000310	000310	\$ 1,426.46	\$ 0.00	(\$ 117,459.12)
12/31/20	GL		Record Putnam interco- Nov	000323	000323	\$ 0.00	\$ 2,629.68	(\$ 120,088.80)
12/31/20	AP			000333	000333	\$ 2,009.56	\$ 0.00	(\$ 118,079.24)
12/31/20	GL		Record Putnam Dec interco	000347	000347	\$ 0.00	\$ 3,102.00	(\$ 121,181.24)

Account Total:

Begin. Bal. : (\$ 118,885.58) Net Change: (\$ 2,295.66) \$ 3,436.02 \$ 5,731.68 (\$ 121,181.24)

20138500	Due to/from Waterview Hills							
Beginning Balance								(\$ 1,797,648.54)
11/30/20	GL		Record interco trfs	000305	000305	\$ 0.00	\$ 411,000.00	(\$ 2,208,648.54)
11/30/20	GL		Record waterview Oct interco	000306	000306	\$ 0.00	\$ 281.72	(\$ 2,208,930.26)
11/30/20	AP			000310	000310	\$ 1,426.46	\$ 0.00	(\$ 2,207,503.80)
12/31/20	GL		Record Waterview Nov interco	000323	000323	\$ 0.00	\$ 239.41	(\$ 2,207,743.21)
12/31/20	GL		Record interco trfs	000328	000328	\$ 0.00	\$ 330,000.00	(\$ 2,537,743.21)
12/31/20	AP			000333	000333	\$ 2,009.56	\$ 0.00	(\$ 2,535,733.65)
12/31/20	GL		Record 401k loan paid by WV	000339	000339	\$ 0.00	\$ 118.76	(\$ 2,535,852.41)
12/31/20	GL		Record Waterview interco	000358	000358	\$ 0.00	\$ 1,483.65	(\$ 2,537,336.06)
12/31/20	GL		AJE#12 record interco	000412	000412	\$ 0.00	\$ 1,161.29	(\$ 2,538,497.35)
12/31/20	GL		AJE#13 record interco prior years	000412	000412	\$ 770,000.00	\$ 0.00	(\$ 1,768,497.35)

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Epic Rehab and Nursing White Plains

General Ledger Detail Report

From 2020 to 2020

For Account 20137000 Through 20138800

Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number

Account Description

Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.
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Account Total:

Begin. Bal. :	(\$ 1,797,648.54)	Net Change:	\$ 29,151.19	\$ 773,436.02	\$ 744,284.83	(\$ 1,768,497.35)
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20138800

Due to/from Park Manor Acquisition II

Beginning Balance

(\$ 896,909.08)

11/30/20	GL		Record park manor oct interco	000306	000306	\$ 0.00	\$ 381.16	(\$ 897,290.24)
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11/30/20	AP			000310	000310	\$ 1,426.42	\$ 0.00	(\$ 895,863.82)
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12/31/20	GL		Record Park Manor interco -	000323	000323	\$ 0.00	\$ 1,574.27	(\$ 897,438.09)
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Nov

12/31/20	AP			000333	000333	\$ 2,009.56	\$ 0.00	(\$ 895,428.53)
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12/31/20	GL		4/20 Icon bill entd and paid in	000345	000345	\$ 18,603.56	\$ 0.00	(\$ 876,824.97)
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error- was for Park manor

12/31/20	GL		Record Park Manor Dec	000347	000347	\$ 0.00	\$ 3,199.88	(\$ 880,024.85)
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interco

Account Total:

Begin. Bal. :	(\$ 896,909.08)	Net Change:	\$ 16,884.23	\$ 22,039.54	\$ 5,155.31	(\$ 880,024.85)
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Grand Total:

Begin. Bal.:	(\$ 11,773,421.52)	Net Change:	(\$ 80,244.60)	\$ 1,025,968.39	\$ 1,106,212.99	(\$ 11,853,666.12)
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Epic Rehab and Nursing White Plains

General Ledger Detail Report

From 2021 to 2021

For Account 20137000 Through 20138800

Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number			Account Description					
Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.
20137000			Due to/from Waters Edge					
Beginning Balance								\$ 9,331.02
01/31/21	GL		Record Jay Imports pmt	000365	000365	\$ 4,708.50	\$ 0.00	\$ 14,039.52
01/31/21	GL		Record Jan health ins adj	000379	000379	\$ 50,000.00	\$ 0.00	\$ 64,039.52
01/31/21	AP			000382	000382	\$ 1,829.47	\$ 0.00	\$ 65,868.99
02/28/21	GL		Record pmts to Jay imports	000398	000398	\$ 7,990.55	\$ 0.00	\$ 73,859.54
02/28/21	GL		Record Feb health ins adj	000406	000406	\$ 60,000.00	\$ 0.00	\$ 133,859.54
02/28/21	AP			000409	000409	\$ 2,084.46	\$ 0.00	\$ 135,944.00
03/31/21	AP			000430	000430	\$ 2,484.34	\$ 0.00	\$ 138,428.34
04/30/21	GL		Record April health ins adj	000468	000469	\$ 60,000.00	\$ 0.00	\$ 198,428.34
04/30/21	AP			000470	000471	\$ 1,883.97	\$ 0.00	\$ 200,312.31
06/30/21	GL		Record sales tax due on COVID PPE purchases	000511	000512	\$ 1,063.55	\$ 0.00	\$ 201,375.86

Account Total:

Begin. Bal. :	\$	9,331.02	Net Change:	\$	192,044.84	\$	192,044.84	\$	0.00	\$	201,375.86
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20137100		Due to/from Riverfront/BayVue							
Beginning Balance								\$	0.00
04/30/21	AP			000470	000471	\$ 77.97	\$ 0.00	\$	77.97
05/31/21	GL		Correct March posting	000484	000485	\$ 74.00	\$ 0.00	\$	151.97
05/31/21	AP			000485	000486	\$ 48.03	\$ 0.00	\$	200.00

Account Total:

Begin. Bal. :	\$	0.00	Net Change:	\$	200.00	\$	200.00	\$	0.00	\$	200.00
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20137200		Due to/from EPIC Management							
Beginning Balance								(\$	22,907.23)
01/31/21	GL		Record Epic health trfs	000365	000365	\$ 0.00	\$ 163,000.00	(\$	185,907.23)
01/31/21	GL		Record Epic health trfs	000365	000365	\$ 163,000.00	\$ 0.00	(\$	22,907.23)
02/28/21	GL		Record epic health trfs	000398	000398	\$ 0.00	\$ 155,000.00	(\$	177,907.23)
02/28/21	GL		Record epic health trfs	000398	000398	\$ 155,000.00	\$ 0.00	(\$	22,907.23)
02/28/21	AP			000409	000409	\$ 8.94	\$ 0.00	(\$	22,898.29)
03/31/21	GL		Record Epic mgmt Jan interco	000432	000432	\$ 0.00	\$ 2,202.38	(\$	25,100.67)
04/30/21	GL		Record epic health trfs	000459	000460	\$ 0.00	\$ 165,000.00	(\$	190,100.67)
04/30/21	GL		Record epic health trfs	000459	000460	\$ 165,000.00	\$ 0.00	(\$	25,100.67)
04/30/21	GL		Record April health ins adj	000468	000469	\$ 25,000.00	\$ 0.00	(\$	100.67)
05/31/21	GL		Record interco trfs	000478	000479	\$ 0.00	\$ 30,000.00	(\$	30,100.67)
06/30/21	GL		record interco trfs	000501	000502	\$ 0.00	\$ 754.01	(\$	30,854.68)
09/30/21	GL		Record epic health trfs	000565	000567	\$ 0.00	\$ 69,000.00	(\$	99,854.68)
09/30/21	GL		Record epic health trfs	000565	000567	\$ 69,000.00	\$ 0.00	(\$	30,854.68)
09/30/21	GL		Record interco trfs	000565	000567	\$ 0.00	\$ 585.00	(\$	31,439.68)
10/31/21	GL		Record Epic health trfs	000584	000587	\$ 0.00	\$ 20,046.68	(\$	51,486.36)
10/31/21	GL		Record Epic health trfs	000584	000587	\$ 20,046.68	\$ 0.00	(\$	31,439.68)
10/31/21	GL		Record HMM 401k audit fee	000586	000589	\$ 0.00	\$ 3,750.00	(\$	35,189.68)

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Epic Rehab and Nursing White Plains
General Ledger Detail Report
From 2021 to 2021

For Account 20137000 Through 20138800

Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number	Account Description		Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.
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Account Total:

Begin. Bal. :	(\$	22,907.23)	Net Change:	(\$	12,282.45)	\$	597,055.62	\$	609,338.07	(\$	35,189.68)
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20137300			Due to/from EPIC Senior								
Beginning Balance										(\$	173,567.60)
04/30/21	GL	record interco trfs	000459	000460	\$	0.00	\$	692.00	(\$	174,259.60)	
08/31/21	GL	record interco trfs	000539	000541	\$	0.00	\$	703.60	(\$	174,963.20)	
10/31/21	GL	Record interco trfs	000584	000587	\$	0.00	\$	3,000.00	(\$	177,963.20)	

Account Total:

Begin. Bal. :	(\$	173,567.60)	Net Change:	(\$	4,395.60)	\$	0.00	\$	4,395.60	(\$	177,963.20)
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20137500		Due to/from Salem Hills							
Beginning Balance								(\$	117,798.45)
01/31/21	GL	Record Jay Imports pmt	000365	000365	\$	4,708.50	\$	0.00	(\$ 113,089.95)
01/31/21	GL	Record Salem interco	000379	000379	\$	0.00	\$	2,569.50	(\$ 115,659.45)
01/31/21	AP		000382	000382	\$	1,829.49	\$	0.00	(\$ 113,829.96)
02/28/21	GL	Record pmts to Jay imports	000398	000398	\$	7,990.55	\$	0.00	(\$ 105,839.41)
02/28/21	GL	Record Salem interco 2012	000406	000406	\$	2,538.48	\$	0.00	(\$ 103,300.93)
02/28/21	AP		000409	000409	\$	2,084.49	\$	0.00	(\$ 101,216.44)
02/28/21	GL	Reverse entry- booked at YE	000414	000414	\$	0.00	\$	2,538.48	(\$ 103,754.92)
03/31/21	AP		000430	000430	\$	1,631.04	\$	0.00	(\$ 102,123.88)
04/30/21	AP		000470	000471	\$	1,884.02	\$	0.00	(\$ 100,239.86)
05/31/21	GL	Record May cash receipts	000479	000480	\$	95,860.28	\$	0.00	(\$ 4,379.58)
06/30/21	GL	Record June cash receipts	000499	000500	\$	0.00	\$	585.00	(\$ 4,964.58)
06/30/21	GL	Record sales tax due on COVID PPE purchases	000511	000512	\$	1,063.55	\$	0.00	(\$ 3,901.03)
06/30/21	GL	Record sales tax due on COVID PPE purchases-Salem	000511	000512	\$	0.00	\$	982.03	(\$ 4,883.06)
07/31/21	GL	Record Salem interco-June	000532	000533	\$	0.00	\$	1,028.23	(\$ 5,911.29)
08/31/21	GL	Record Aug cash receipts	000543	000545	\$	3,801.35	\$	0.00	(\$ 2,109.94)
08/31/21	GL	Record Salem interco- July	000548	000550	\$	0.00	\$	2,220.90	(\$ 4,330.84)
09/30/21	GL	Record Sept cash receipts	000563	000565	\$	0.00	\$	1,196.00	(\$ 5,526.84)
09/30/21	GL	Record SH interco- Aug	000570	000572	\$	0.00	\$	1,535.09	(\$ 7,061.93)
10/31/21	GL	Record Salem Sept interco	000586	000589	\$	0.00	\$	1,847.67	(\$ 8,909.60)
10/31/21	GL	Record October cash receipts	000589	000592	\$	11,639.86	\$	0.00	\$ 2,730.26
10/31/21	GL	Record Salem Oct interco	000601	000605	\$	0.00	\$	2,710.25	\$ 20.01

Account Total:

Begin. Bal. :	(\$	117,798.45)	Net Change:	\$	117,818.46	\$	135,031.61	\$	17,213.15	\$	20.01
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20137700		Due to/from Watercrest							
Beginning Balance								\$	0.00
05/31/21	GL	Record interco trfs	000478	000479	\$	30,000.00	\$	0.00	\$ 30,000.00
05/31/21	GL	Record May cash receipts	000479	000480	\$	0.00	\$	30,000.00	\$ 0.00

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Epic Rehab and Nursing White Plains
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Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number		Account Description							
Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.	
07/31/21	GL		Record interco trfs	000524	000525	\$ 13,000.00	\$ 0.00	\$ 13,000.00	
Account Total:									
Begin. Bal. :		\$	0.00	Net Change:		\$	13,000.00	\$	43,000.00
						\$	30,000.00	\$	13,000.00
<hr/>									
20138000		Due to/from SkyView							
Beginning Balance									(\$ 8,830,469.80)
01/31/21	GL		Record Jay Imports pmt	000365	000365	\$ 4,708.50	\$ 0.00	(\$ 8,825,761.30)	
01/31/21	GL		Record interco trfs	000365	000365	\$ 284,326.93	\$ 0.00	(\$ 8,541,434.37)	
01/31/21	GL		Record Jan cash receipts	000375	000375	\$ 0.00	\$ 165,000.00	(\$ 8,706,434.37)	
01/31/21	GL		Record Skyview interco	000379	000379	\$ 0.00	\$ 18,756.71	(\$ 8,725,191.08)	
01/31/21	GL		Record Skyview interco	000379	000379	\$ 0.00	\$ 492.59	(\$ 8,725,683.67)	
01/31/21	AP			000382	000382	\$ 1,829.49	\$ 0.00	(\$ 8,723,854.18)	
02/28/21	GL		Record Feb cash receipts	000397	000397	\$ 0.00	\$ 1,810,864.37	(\$ 10,534,718.55)	
02/28/21	GL		Record pmts to Jay imports	000398	000398	\$ 7,990.55	\$ 0.00	(\$ 10,526,728.00)	
02/28/21	GL		Record interco trfs	000398	000398	\$ 854,866.99	\$ 0.00	(\$ 9,671,861.01)	
02/28/21	GL		Record 2009-2014 interco SV	000406	000406	\$ 0.00	\$ 5,790.72	(\$ 9,677,651.73)	
02/28/21	GL		Record Feb health ins adj	000406	000406	\$ 40,000.00	\$ 0.00	(\$ 9,637,651.73)	
02/28/21	GL		Record Skyview Feb interco	000406	000406	\$ 0.00	\$ 2,438.78	(\$ 9,640,090.51)	
02/28/21	AP			000409	000409	\$ 2,084.49	\$ 0.00	(\$ 9,638,006.02)	
03/31/21	GL		Record interco trfs	000422	000422	\$ 60,000.00	\$ 0.00	(\$ 9,578,006.02)	
03/31/21	GL		Record interco trfs	000422	000422	\$ 0.00	\$ 34,000.00	(\$ 9,612,006.02)	
03/31/21	GL		Record interco trfs	000422	000422	\$ 5,927.87	\$ 0.00	(\$ 9,606,078.15)	
03/31/21	GL		Record March cash receipts	000423	000423	\$ 0.00	\$ 89,927.87	(\$ 9,696,006.02)	
03/31/21	AP			000430	000430	\$ 1,631.04	\$ 0.00	(\$ 9,694,374.98)	
03/31/21	GL		Record Skyview interco- Jay Imports	000432	000432	\$ 0.00	\$ 2,536.87	(\$ 9,696,911.85)	
03/31/21	GL		Record Skyview Mar interco	000432	000432	\$ 0.00	\$ 680.35	(\$ 9,697,592.20)	
04/30/21	GL		Record April cash receipts	000457	000458	\$ 0.00	\$ 85,000.00	(\$ 9,782,592.20)	
04/30/21	GL		Record interco trfs	000459	000460	\$ 165,000.00	\$ 0.00	(\$ 9,617,592.20)	
04/30/21	GL		Record interco trfs	000459	000460	\$ 2,137.99	\$ 0.00	(\$ 9,615,454.21)	
04/30/21	GL		Record Skyview interco	000466	000467	\$ 0.00	\$ 1,979.62	(\$ 9,617,433.83)	
04/30/21	GL		Record Skyview interco	000466	000467	\$ 0.00	\$ 553.59	(\$ 9,617,987.42)	
04/30/21	AP			000470	000471	\$ 1,884.02	\$ 0.00	(\$ 9,616,103.40)	
05/31/21	GL		Record interco trfs	000478	000479	\$ 15,000.00	\$ 0.00	(\$ 9,601,103.40)	
05/31/21	GL		Record interco trfs	000478	000479	\$ 0.00	\$ 47,000.00	(\$ 9,648,103.40)	
05/31/21	GL		Record May cash receipts	000479	000480	\$ 0.00	\$ 520,000.00	(\$ 10,168,103.40)	
05/31/21	GL		Correct posting error	000484	000485	\$ 47,000.00	\$ 0.00	(\$ 10,121,103.40)	
05/31/21	GL		Record Skyview interco-May	000484	000485	\$ 0.00	\$ 61.63	(\$ 10,121,165.03)	
06/30/21	GL		Record June cash receipts	000499	000500	\$ 0.00	\$ 146,000.00	(\$ 10,267,165.03)	
06/30/21	GL		Record interco trfs	000501	000502	\$ 99,000.00	\$ 0.00	(\$ 10,168,165.03)	
06/30/21	GL		Record interco trfs	000501	000502	\$ 0.00	\$ 427,000.00	(\$ 10,595,165.03)	
06/30/21	GL		correct posting	000504	000505	\$ 427,000.00	\$ 0.00	(\$ 10,168,165.03)	
06/30/21	GL		Record Skyview interco	000507	000508	\$ 0.00	\$ 159.26	(\$ 10,168,324.29)	
06/30/21	GL		Record sales tax due on	000511	000512	\$ 1,063.55	\$ 0.00	(\$ 10,167,260.74)	

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Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number			Account Description					
Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.
			COVID PPE purchases					
06/30/21	GL		Record sales tax due on COVID PPE purchases-Skyview	000511	000512	\$ 0.00	\$ 11,888.15	(\$ 10,179,148.89)
07/31/21	GL		Record July cash receipts	000520	000521	\$ 0.00	\$ 243,000.00	(\$ 10,422,148.89)
07/31/21	GL		Record interco trfs	000524	000525	\$ 130,000.00	\$ 0.00	(\$ 10,292,148.89)
07/31/21	GL		Record July health ins adj	000525	000526	\$ 0.00	\$ 75,000.00	(\$ 10,367,148.89)
07/31/21	GL		Record Skyview interco July	000525	000526	\$ 0.00	\$ 62.22	(\$ 10,367,211.11)
08/31/21	GL		Record interco trfs	000539	000541	\$ 32,000.00	\$ 0.00	(\$ 10,335,211.11)
08/31/21	GL		record interco trfs	000539	000541	\$ 0.10	\$ 0.00	(\$ 10,335,211.01)
08/31/21	GL		Record Aug cash receipts	000543	000545	\$ 0.00	\$ 609,855.00	(\$ 10,945,066.01)
08/31/21	GL		Record Aug health ins adj	000548	000550	\$ 0.00	\$ 160,000.00	(\$ 11,105,066.01)
09/30/21	GL		Record Sept cash receipts	000563	000565	\$ 0.00	\$ 166,500.00	(\$ 11,271,566.01)
09/30/21	GL		Record interco trfs	000565	000567	\$ 398,000.00	\$ 0.00	(\$ 10,873,566.01)
09/30/21	GL		Record interco trfs	000565	000567	\$ 0.00	\$ 353,000.00	(\$ 11,226,566.01)
09/30/21	GL		Record interco trfs	000565	000567	\$ 50,000.00	\$ 0.00	(\$ 11,176,566.01)
09/30/21	GL		Correct interco trfs	000569	000571	\$ 353,000.00	\$ 0.00	(\$ 10,823,566.01)
09/30/21	GL		Record Skyview interco- Aug	000570	000572	\$ 0.00	\$ 1,239.89	(\$ 10,824,805.90)
09/30/21	GL		Record Skyview interco Sept	000570	000572	\$ 0.00	\$ 530.76	(\$ 10,825,336.66)
10/31/21	GL		Record interco trfs	000584	000587	\$ 335,600.00	\$ 0.00	(\$ 10,489,736.66)
10/31/21	GL		Record interco trfs	000584	000587	\$ 0.00	\$ 110,000.00	(\$ 10,599,736.66)
10/31/21	GL		Record October cash receipts	000589	000592	\$ 0.00	\$ 375,000.00	(\$ 10,974,736.66)
10/31/21	GL		Correct interco trfs	000593	000597	\$ 110,000.00	\$ 0.00	(\$ 10,864,736.66)
10/31/21	GL		Correct interco posting	000594	000598	\$ 75,000.00	\$ 0.00	(\$ 10,789,736.66)
10/31/21	GL		Record SV Oct interco	000595	000599	\$ 0.00	\$ 3,127.22	(\$ 10,792,863.88)

Account Total:

Begin. Bal. :	(\$ 8,830,469.80)	Net Change:	(\$ 1,962,394.08)	\$ 3,505,051.52	\$ 5,467,445.60	(\$ 10,792,863.88)
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20138100		Due to/from Montgomery NH							
Beginning Balance								\$ 51,449.38	
01/31/21	GL		Record Jay Imports pmt	000365	000365	\$ 4,708.50	\$ 0.00	\$ 56,157.88	
01/31/21	AP			000382	000382	\$ 6,090.80	\$ 0.00	\$ 62,248.68	
02/28/21	GL		Record pmts to Jay imports	000398	000398	\$ 7,990.55	\$ 0.00	\$ 70,239.23	
02/28/21	AP			000409	000409	\$ 4,738.99	\$ 0.00	\$ 74,978.22	
03/31/21	AP			000430	000430	\$ 5,093.06	\$ 0.00	\$ 80,071.28	
04/30/21	AP			000470	000471	\$ 4,773.27	\$ 0.00	\$ 84,844.55	
05/31/21	GL		Correct March posting	000484	000485	\$ 0.00	\$ 74.00	\$ 84,770.55	
05/31/21	AP			000485	000486	\$ 4,869.08	\$ 0.00	\$ 89,639.63	
05/31/21	GL		Record Montgomery interco-May	000487	000488	\$ 0.00	\$ 1,320.54	\$ 88,319.09	
06/30/21	AP			000505	000506	\$ 4,945.31	\$ 0.00	\$ 93,264.40	
06/30/21	GL		Record sales tax due on COVID PPE purchases	000511	000512	\$ 1,063.55	\$ 0.00	\$ 94,327.95	
07/31/21	AP			000527	000528	\$ 4,895.07	\$ 0.00	\$ 99,223.02	

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Epic Rehab and Nursing White Plains
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From 2021 to 2021

For Account 20137000 Through 20138800

Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number	Account Description									
Tran	Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.	
09/30/21	AP				000572	000574	\$ 704.62	\$ 0.00	\$ 99,927.64	
10/31/21	GL			Record October cash receipts	000589	000592	\$ 0.00	\$ 94,000.00	\$ 5,927.64	
10/31/21	AP				000597	000601	\$ 285.03	\$ 0.00	\$ 6,212.67	
Account Total:										

Begin. Bal. :	\$	51,449.38	Net Change:	(\$	45,236.71)	\$	50,157.83	\$	95,394.54	\$	6,212.67
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20138200	Due to/from Putnam									
Beginning Balance									(\$	121,181.24)
01/31/21	GL			Record Jay Imports pmt	000365	000365	\$ 4,708.50	\$ 0.00	(\$	116,472.74)
01/31/21	AP				000382	000382	\$ 1,829.49	\$ 0.00	(\$	114,643.25)
01/31/21	GL			Record putnam interco	000385	000385	\$ 0.00	\$ 3,098.29	(\$	117,741.54)
02/28/21	GL			Record pmts to Jay imports	000398	000398	\$ 7,990.55	\$ 0.00	(\$	109,750.99)
02/28/21	AP				000409	000409	\$ 2,084.49	\$ 0.00	(\$	107,666.50)
03/31/21	AP				000430	000430	\$ 1,631.04	\$ 0.00	(\$	106,035.46)
03/31/21	GL			Record Putnam interco Feb and Mar	000432	000432	\$ 0.00	\$ 7,137.86	(\$	113,173.32)
03/31/21	GL			Record March health ins adj	000432	000432	\$ 0.00	\$ 70,000.00	(\$	183,173.32)
04/30/21	GL			Record April health ins adj	000468	000469	\$ 7,000.00	\$ 0.00	(\$	176,173.32)
04/30/21	AP				000470	000471	\$ 1,884.02	\$ 0.00	(\$	174,289.30)
05/31/21	GL			Record Putnam interco- April	000487	000488	\$ 0.00	\$ 3,186.25	(\$	177,475.55)
06/30/21	GL			Record Michelman inv pd for PN and WV	000507	000508	\$ 13,613.04	\$ 0.00	(\$	163,862.51)
06/30/21	GL			Record Putnam interco-Mayj	000507	000508	\$ 0.00	\$ 2,641.17	(\$	166,503.68)
06/30/21	GL			Record sales tax due on COVID PPE purchases	000511	000512	\$ 1,063.55	\$ 0.00	(\$	165,440.13)
06/30/21	GL			Record sales tax due on COVID PPE purchases-Putnam	000511	000512	\$ 0.00	\$ 936.89	(\$	166,377.02)
07/31/21	GL			Record Putnam interco	000532	000533	\$ 0.00	\$ 1,638.41	(\$	168,015.43)
07/31/21	GL			Record Putnam interco-June	000532	000533	\$ 0.00	\$ 2,801.60	(\$	170,817.03)
09/30/21	GL			Record Sept health ins adj	000570	000572	\$ 10,000.00	\$ 0.00	(\$	160,817.03)
09/30/21	GL			Record Putnam interco Aug	000570	000572	\$ 0.00	\$ 5,012.72	(\$	165,829.75)
10/31/21	GL			Record Putnam Sept interco	000586	000589	\$ 0.00	\$ 1,720.22	(\$	167,549.97)
10/31/21	GL			Record Putnam Oct interco	000601	000605	\$ 0.00	\$ 642.02	(\$	168,191.99)
10/31/21	GL			Record Putnam Oct interco-indeed	000603	000607	\$ 0.00	\$ 216.06	(\$	168,408.05)
Account Total:										

Begin. Bal. :	(\$	121,181.24)	Net Change:	(\$	47,226.81)	\$	51,804.68	\$	99,031.49	(\$	168,408.05)
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20138500	Due to/from Waterview Hills									
Beginning Balance									(\$	1,768,497.35)
01/31/21	GL			Record Jay Imports pmt	000365	000365	\$ 4,708.50	\$ 0.00	(\$	1,763,788.85)
01/31/21	AP				000382	000382	\$ 1,829.49	\$ 0.00	(\$	1,761,959.36)
02/28/21	GL			Record pmts to Jay imports	000398	000398	\$ 7,990.55	\$ 0.00	(\$	1,753,968.81)
02/28/21	GL			Record interco trfs	000398	000398	\$ 0.00	\$ 136,000.00	(\$	1,889,968.81)

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Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number			Account Description									
Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.				
02/28/21	GL		Record WV interco Jan	000406	000406	\$ 0.00	\$ 651.06	(\$ 1,890,619.87)				
02/28/21	AP			000409	000409	\$ 2,084.49	\$ 0.00	(\$ 1,888,535.38)				
03/31/21	GL		Record interco trfs	000422	000422	\$ 0.00	\$ 467,000.00	(\$ 2,355,535.38)				
03/31/21	AP			000430	000430	\$ 1,631.04	\$ 0.00	(\$ 2,353,904.34)				
03/31/21	GL		Record waterview interco Feb	000432	000432	\$ 0.00	\$ 51.39	(\$ 2,353,955.73)				
04/30/21	AP			000470	000471	\$ 1,884.02	\$ 0.00	(\$ 2,352,071.71)				
05/31/21	GL		Record interco trfs	000478	000479	\$ 0.00	\$ 33,000.00	(\$ 2,385,071.71)				
06/30/21	GL		Record interco trfs	000501	000502	\$ 0.00	\$ 69,000.00	(\$ 2,454,071.71)				
06/30/21	GL		Record Michelman inv pd for PN and WV	000507	000508	\$ 1,386.96	\$ 0.00	(\$ 2,452,684.75)				
06/30/21	GL		Record sales tax due on COVID PPE purchases	000511	000512	\$ 1,063.55	\$ 0.00	(\$ 2,451,621.20)				
06/30/21	GL		Record sales tax due on COVID PPE purchases-Waterview	000511	000512	\$ 0.00	\$ 670.00	(\$ 2,452,291.20)				
07/31/21	GL		Record interco trfs	000524	000525	\$ 185,000.00	\$ 0.00	(\$ 2,267,291.20)				
07/31/21	GL		Record WV June interco	000525	000526	\$ 0.00	\$ 124.92	(\$ 2,267,416.12)				
08/31/21	GL		Record interco trfs	000539	000541	\$ 20,000.00	\$ 0.00	(\$ 2,247,416.12)				
08/31/21	GL		Record interco trfs	000539	000541	\$ 0.00	\$ 102,000.00	(\$ 2,349,416.12)				
08/31/21	GL		Record Waterview July interco	000548	000550	\$ 0.00	\$ 191.17	(\$ 2,349,607.29)				
09/30/21	GL		Record interco trfs	000565	000567	\$ 0.00	\$ 169,000.00	(\$ 2,518,607.29)				
09/30/21	GL		Record WV interco- Aug	000570	000572	\$ 0.00	\$ 169.40	(\$ 2,518,776.69)				
10/31/21	GL		Record interco trfs	000584	000587	\$ 60,000.00	\$ 0.00	(\$ 2,458,776.69)				
10/31/21	GL		Record Oct health ins adj	000587	000590	\$ 0.00	\$ 75,000.00	(\$ 2,533,776.69)				
Account Total:												
Begin. Bal. :		(\$	1,768,497.35)	Net Change:	(\$	765,279.34)	\$	287,578.60	\$	1,052,857.94	(\$	2,533,776.69)

20138800			Due to/from Park Manor Acquisition II							
Beginning Balance									(\$	880,024.85)
01/31/21	GL	Record Jay Imports pmt	000365	000365	\$	4,708.50	\$	0.00	(\$	875,316.35)
01/31/21	AP		000382	000382	\$	1,829.49	\$	0.00	(\$	873,486.86)
01/31/21	GL	Pmt made on MEMIC audit in error, also paid by PM	000385	000385	\$	33,279.00	\$	0.00	(\$	840,207.86)
02/28/21	GL	Record pmts to Jay imports	000398	000398	\$	7,990.55	\$	0.00	(\$	832,217.31)
02/28/21	GL	Record PM Jan interco	000406	000406	\$	0.00	\$	1,664.12	(\$	833,881.43)
02/28/21	AP		000409	000409	\$	2,084.49	\$	0.00	(\$	831,796.94)
03/31/21	AP		000430	000430	\$	1,631.04	\$	0.00	(\$	830,165.90)
03/31/21	GL	Record Park manor interco Feb	000432	000432	\$	0.00	\$	1,578.80	(\$	831,744.70)
04/30/21	GL	Record interco trfs	000459	000460	\$	100,000.00	\$	0.00	(\$	731,744.70)
04/30/21	GL	record interco trfs	000459	000460	\$	0.00	\$	102,000.00	(\$	833,744.70)
04/30/21	GL	Record PM interco- logmein	000466	000467	\$	0.00	\$	576.66	(\$	834,321.36)
04/30/21	GL	Record PM interco- March	000466	000467	\$	0.00	\$	786.60	(\$	835,107.96)
04/30/21	AP		000470	000471	\$	1,884.02	\$	0.00	(\$	833,223.94)

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Epic Rehab and Nursing White Plains

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From 2021 to 2021

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Exclude Zero Activity Accounts, Exclude Statistical Accounts, Include Year End Closing Entry

Account Number		Account Description							
Tran Date	Source	Session	Transaction Description	Batch	Tran No	Debit Amt.	Credit Amt.	Ending Bal.	
05/31/21	GL		Record May health ins adj	000484	000485	\$ 0.00	\$ 65,000.00	(\$ 898,223.94)	
05/31/21	GL		Record PM Apr interco	000484	000485	\$ 0.00	\$ 547.12	(\$ 898,771.06)	
06/30/21	GL		Record June health ins adj	000507	000508	\$ 0.00	\$ 62,000.00	(\$ 960,771.06)	
06/30/21	GL		Record Park Manor May interco	000507	000508	\$ 0.00	\$ 305.90	(\$ 961,076.96)	
06/30/21	GL		Record sales tax due on COVID PPE purchases	000511	000512	\$ 1,063.55	\$ 0.00	(\$ 960,013.41)	
06/30/21	GL		Record sales tax due on COVID PPE purchases-Park Manor	000511	000512	\$ 0.00	\$ 650.00	(\$ 960,663.41)	
07/31/21	GL		Record interco trfs	000524	000525	\$ 50,000.00	\$ 0.00	(\$ 910,663.41)	
07/31/21	GL		Record PM June interco	000525	000526	\$ 0.00	\$ 36.84	(\$ 910,700.25)	
08/31/21	GL		Record interco trfs	000539	000541	\$ 50,000.00	\$ 0.00	(\$ 860,700.25)	
08/31/21	GL		Record PM July interco	000548	000550	\$ 0.00	\$ 36.84	(\$ 860,737.09)	
09/30/21	GL		Record PM interco Aug	000570	000572	\$ 0.00	\$ 4,806.04	(\$ 865,543.13)	
10/31/21	GL		Record interco trfs	000584	000587	\$ 0.00	\$ 138,000.00	(\$ 1,003,543.13)	
10/31/21	GL		Record PM Sept interco	000586	000589	\$ 0.00	\$ 3,476.59	(\$ 1,007,019.72)	
10/31/21	GL		Record PM Oct interco	000595	000599	\$ 0.00	\$ 286.81	(\$ 1,007,306.53)	
10/31/21	GL		Record Park Manor Oct interco	000601	000605	\$ 0.00	\$ 220.15	(\$ 1,007,526.68)	

Account Total:

Begin. Bal. :	(\$ 880,024.85)	Net Change:	(\$ 127,501.83)	\$ 254,470.64	\$ 381,972.47	(\$ 1,007,526.68)
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Grand Total:

Begin. Bal.:	(\$ 11,853,666.12)	Net Change:	(\$ 2,641,253.52)	\$ 5,116,395.34	\$ 7,757,648.86	(\$ 14,494,919.64)
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